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RECORD

STATE OF MARYLAND 1 PLACE OF DEATH Frederic CERTIFICATE OF DEATH Registration Dist, No. Ilf death occurred in -Ward) a hospital or Institution. give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SFY 16 DATE OF DEATH 5 SINGLE. MARRIED. WIDOWED. ORDIVORCEO I hEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH 7 AGE If LESS than and that death occurred on the date stated above, at / 1 day hrs. OR 7 BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment In which employed (or employer) 9 SIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) ARENTS 11 BIRTHPLACE , 191 (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIPAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country of death _____ yrs. ____ mos. ____ ds. State ____ yrs. __ Where was disease contracted. If not at place of death? Former or usual residence 19 PLACE OF BURIAL (Address) ----DATE OF BURIAL 15 20 UNDERTAKER ADDRESS REGISTRAR

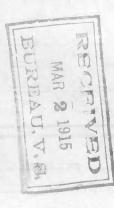
If more blanks are needed, address State Registrar, E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers statement. Never return "Laborer," who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necbeen changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the "Foreman,"

Statement of cause of death—Name, first, the misease causing meath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcests of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) mia," "Puerreral peritonitis," etc. State cause for ete., when a definite disease can be ascertained as the valvular heart disease; Chronic interstitial nephritis, eause of death approved by Committee on Nomenela-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or misearriage as "Puerperal septichaccause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of (Recommendations on statement of For VIO-



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UNFADING

RECORD

PERMANENT

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. 140 OCCUPATION [If death occurred in PHYSICIANS .Ward) a hospital or institution, give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH SEX MARRIED. WIDOWED, ORDIVORCED (Write the word) I HEREBY CERTIFY. That I attended deceased from (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above 1 day,....hrs. The CAUSE OF DEATH * was as follows: OR 7 Jary no sak 6 OCCUPATION prope (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE Secondary State or country certifi 10 NAME OF FATHER (Signed) 50 back PARENTS OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. (State or country 12 MAIDEN NAME ATH in plain instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ____ ds. State yrs. mos. ds Where was disease contracted. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE If not at place of death? Ξ Former or usuai residence. CAUSE OF 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Every 16 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

statement. it should be used only when needed. As examples: the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. cated thus: CAUSING DEATH, state occupation at beginning of Ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more preelse specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But lu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salesman, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonacum, etc., Carcin-

cause of death approved by Committee on Nomencla "Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., mia," "Puerpenal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Hanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Couthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless huportant. valvular heart disease; Chronic interstitial nephrilis aant neoplasms); Meastes; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vroetc., when a definite disease can be ascertained as the Bronchopneumonia (seeondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustiou," Never report



PLACE OF DEATH	STATE OF MARYLAND
County Frederick 8	CERTIFICATE OF DEATH
Village or City hear Rockey Wills	Registration Dist. No. St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of sfreet and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Mole Mohito Single, Marken, Moland Willowed, Mohito OR DIVORCED (Write the word)	16 DATE OF DEATH ARCH 1 2 , 1915 (Month) (Day (Year) 17 I HEREBY GERTIFY, That I attended deceased from 9 and 25 , 1915, to 4264 2 - , 1915
(Month) (Day (Year) 7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 1,40 Am, The CAUSE OF DEATH* was as follows:
**SOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer) **BIRTHPLACE* (State or country)	Gentle Brunchich Gentle Brunchich Hard Coughing & Jadhrund age Consent of ruck of (buration) wirs. mos. ds. Contributory Secondary
10 NAME OF FATHER 11 BIRTHPLACE OF MOTHER 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER	(Signed) (Buration) yrs mos ds. (Signed) (Address) (Address) (Address) (Signed) (Address) (Addr
(Address) Property Milenous (Address) Property Thanks The Stands (Address) Property Thanks Thanks	of death yrs. mos, ds. State yrs, mos, ds Where was disease contracted, If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Feb. 300, 1915 Meriono V. Harres.	20 UNDERTRIER ADDRESS ADDRESS ADDRESS
If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

first line will be sufficient, e. g., Farmer or Planter, the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers it should be used only when needed. essary to know (a) the kind of work and also (b) tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persous CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, ctc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. additional live is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. been changed or given up on account of the DISEASE material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Icsis of lungs, meninges, peritonaeum, etc., pneumonia"); Lobar pneumonia; Bronchopneumonia term for the same disease. Examples: Cerebrospinal time and causation), using always the same accepted CAUSING DEATH (the primary affection with respect to ("Pneumonia," unqualified, is indefinite): Tubercu "Croup";) Typhoid fever (never report "Typhoid brospinal meningitis"); Diphtheria (avoid use of fever (the only definite synonym is "Epidemic eere-Statement of cause of death-Name, first, the DISEASE Carcin-

> mia," "Puerperal peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," gcuital," "Seuile," etc.), "Dropsy," "Exhaustion, thenia," "Anaemia" (merely symptomatie), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measics (disease causing death), 29 ds.; valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canchildbirth or misearriage as "Puerperal septichae-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioture of the American Medical Association.) cause of death approved by Committee on Nomenela-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for

tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed. If this certificate is looked over thoroughly and all ques-



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1 PLACE OF DEATH	2084 STATE OF MARYLAND
County Fuderick 179	CERTIFICATE OF DEATH
	Registration Dist. No. / 9
Village or City Frederick (No. 401/2)	W. South St.; Ward) [If death occurred in a hospital or institution,
Evelyn Buty	mine the Brassm south of
2 FULL NAME Cevelyn Savg	Co
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED,	16 DATE OF DEATH Feling, 11 1015
Remale White (Write the word)	(Month) (Day) (Year)
B DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
10 11 ,19//	that I last saw has alive on Jaby 11, 1915
(Month) (Day) (Year) 7 AGE If LESS than	
7 AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 3 A m, The CAUSE OF DEATH* was an follows:
4 yrsds. ORmin. ?	Valvular Disease of Heart
6 OCCUPATION (a) Trade, profession, or	Of rheumatic origin -
particular kind of work	I audiac syngope
business, or establishment in which employed (or employer)	(Duration) yrs. 2 mos ds.
9 BIRTHPLACE (State or country)	(Secondary)
(State or country) predurick to My	Quration) (vrs 2 mos de
10 NAME OF FATHER	(Signed) + J.O. Kendrix
11 BIRTHPLACE	736,12,1915 (Address) Frs Frnik Mid.
Z OF FATHER (Niste or country)	*State the DISEASE CAUSING DEATH, OF In double from Water
W 12 MAIDEN NAME OF MOTHER A	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
a Trunne speak	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs mos ds
14THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Informant) James Bartis	If not at place of death?
2 1 1 9 md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) mederally 1109	m/m/ 1- 1200 -
Filed / 3 Feb 1915 Cha J. M. Corde	20 UNDERTAKER ADDRESS O
REGISTER A	A Colarty Profer of Me.
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If more blanks are needed, address State Regis tran 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

of persons engaged in domestic service for wages, as cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at heginning of ill-Servant, Cook, Housemaid, etc. should be taken to report specifically the occupations who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the DISEASE gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples the nature of the business or indust y; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative meaithful-(a) Spinner, (b) Cotton mill; (a) Salcsman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be Indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has For persons

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing death—Name, first, the disease causing death always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencia "Contributory." sepsis, tetanus) may be stated under the head dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Purrperal schiichae. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemla," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," oma. Sarcoma. etc., of _______ (name origin; "Can-er" is less definite; avoid use of "Tumor" for mails. ture of the American Medical Association.) Injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Keart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Dehility" ("Conmere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not he stated unless important. valvular heart discase; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senlie," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of death), 29 State cause for Examples:



Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT BINDING 4 2 FOR WRITE PLAINLY, WITH UNFADING INK-THIS RESERVED MARGIN

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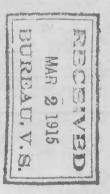
	1 PLACE OF DEATH	STATE OF MA	RYLAND
-	Jucate ich	CERTIFICATE O	F DEATH
Go	ounty Frederica	Registration Dis	st. No/5/
V	illage or Gity Surfullsville,	St.;Ward	a modital of motifation
	*FULL NAME A. Howard	Beachley	give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3 58	4 COLOR OR RACE SINGLE, MARRIED, WIDDWED, WIDDWED, WIDDWED, Write the word)	16 DATE OF DEATH FLO (Month)	27, 1916 ⁴ (Day) (Year)
6 D.	ATE OF BIRTH Suly 1858	17 I HEREBY GERTIFY, That I	attended deceased from
	(Month) (Day) (Year)	that I last saw h Malive on	V 2 / 1916
7 AC		and that death occurred on the date stated	above, at 10,304 m.
	56 yrs. 7 mos. 26 ds. ormin.?	The CAUSE OF DEATH * was as lollows:	
80	CCUPATION	(4,0	f.
(a)	Trade, profession, or Annual Profession, or	Jumonsing G	uua
	rticular kind of work		
bus	lness, or establishment in ich employed (or employer)	(Odration)	yrsmos2ds.
9 B	IRTHPLACE tate or country) Maryland.	(Secondary) (Duration)	tem
	10 NAME OF Heary Beachley	(Signed) A Kann	yrs mos ds.
PARENTS	11 BIRTHPLACE OF FATHER (State or country) Mary of Arenot.	*State the DISEASE CAUSING DEATH, OF, CAUSES, state (1) MEANS OF INJURY: and	In deaths from Violent
PAR	of MOTHER Cha Chalf	CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS. OR RECENT RESIDENTS)	
	13 BIRTHPLACE OF MOTHER (State or country) Mary far of	At place in the	yrs mos ds
	informant, Miss Setty Beachly	if not at place of death?	0 ε _λ , θ _γ
	middletoury tend	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
	(Address) YUUVUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUUU	Middletown	3/2
15 Fj	ied Mach 1 1915 M Human	20 UNDERTÄKER	ADDRESS
1)	REGISTRAR	10/111 N./1000	Middlelour
	If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1	. 111

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry; and therefore an CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—('oal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter. applies to each and every person, irrespective of age ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, tion is very important, so that the relative dealthfui-For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salcsman, (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. For vio mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Pursperal scottchae etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: Measles (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as "Heart fallure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convuisions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis ver" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of .. "Contributory." The contributory "Old Age," "Shock," 'Traemia," "Weakness," Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of (secondary or intercurrent (name origin; "Can death), 29 ds. State cause for Examples:



REGISTRAR

1 PLACE OF DEATH

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Kurilistano *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, In the State _____ yrs. DATE OF BURIAL If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

STATE OF MARYLAND

CERTIFICATE OF DEATH

lit death occurred in

a hospital or institution. give its NAME Instead of street and number.]

[Approved by U. S. Census and American Public Health Association.]

the nature of the business or industry, and therefore an ness of various pursuits can be known. The question eated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestie service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the honsehold only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coul "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each aud every person, irrespective of age. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that faet may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pnenmonia," naqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," thenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, eer" is less definite; avoid use of "Inmor" for maligoma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of sknll, and eonsequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was nndcrtaken. For viomia," "PUERPERAL peritonitis," etc. State eanse for childbirth or misearriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failnre," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tctanus) may be stated under the head Always qualify all diseases resulting from Measles "Senile," etc.), "Dropsy," (Recommendations on statement of (disease cansing death), 29 ds.; "Exhanstion," Never report



See instructions on back of certificate.

important.

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No.

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PLACE OF DEATH	STATE OF MARYLAND
County Francisco	CERTIFICATE OF DEATH
County Notes bet Ment before de les tenses de fait	Registration Dist. No. / 3 /
Village or City Zederich (No. 6 1/4) 2FULL NAME M. Brue	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
male white Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
6 DATE OF BIRTH	1 HEREBY GERTIFY, That I attended deceased from 19 1915, to 1915.
(Month) (Day (Year)	that I last saw h m. alive on Filt. 22 ,1915
⁷ AGE If LESS than	and that death occurred on the date stated above, at Z. P. m.
about 31 yrs mos ds OR min.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, profession, or	Trysepelas
(b) General nature of industry,	
business, or establishment in which employed (or employer)	(Duration) × yrs. mos. × ds.
9 BIRTHPLACE (State or country)	Contributory Secondary
me	Joseph (Optition) / x yrs x mos & ds.
10 NAME OF JAN ROUVELL	(Signed), Johnson, M.D.
11 BIRTHPLACE OF FATHER M.	fill J2, 191 5. (Addr(ss) firedt ma.
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER Farming Steel	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country)	At place of death x yrs. x mos. 3 ds. State yrs. mos. ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?
(Informant) Mus Was Bowns	Former or usual residence. And wille md
(Address) Knopville Ind	19 PLACE OF BURIAL OR REMOVAL MA DATE OF BURIAL
16 02 0. P - 1 0 ms 1 1	Shipped W Ruolville 191, 191
Filed a Tele, 1916 and File Begistree 1	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Reguesting V. S. No. 1.

9657

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease who receive a definite salary), may be entered as (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculess of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant peoplasms); Measles; Whooping cough; Chronic which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; cer" is less definite; avoid use of "Tumor" for malig oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. cause. Always qualify all diseases resulting from "Heart failure," "Haemorrhage," "Juanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Mcdlcal Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) tetanus) may be stated under the head (Recommendations on statement of State cause for For Vio-



RECORD

WRITE

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should state	PLACE OF DEATH County Freederics (5	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. / 3/
PHYSICIANS should be of OCCUPATION	Village of City Greelisich (No. 2/5)	
r. B	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EXACTLY t stateme	Fernale White (Write the word)	16 DATE OF DEATH Heb (Month) (Day (Year)
e stated led. Exac	6 DATE OF BIRTH Seb 1, 19/5. (Month) (Day (Year)	that I last saw here alive on the last saw here
AGE should b properly classifi	TAGE If LESS than 1 day July hrs. OR — min.? B OCCUPATION (a) Trade, profession, or particular kind of work	and that death occurred on the date stated above, at 6 mm m The CAUSE OF DEATH* was as follows: The CAUSE OF DEATH* was as follows: The CAUSE OF DEATH* was as follows:
that it may be pertificate.	(b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Secondary
should be conterms, so on back of	10 NAME OF FATHER Carry & Brengle 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER ALL OF MOT	(Signed) (Boration) yrs mos ds (Signed) (Signed) (Address) Fullrick M. D. *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
Every Item of Information CAUSE OF DEATH In plair Important. See instructions	13 BIRTHPLACE OF MOTHER (State or country) Coura da 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Courage (Address) 2/8 W. Frifth Sf.	15 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place Io the ot death
B.—Ev	Filed 2 Feb , 1915 Gra J. M. Curd	20 UNDEATAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

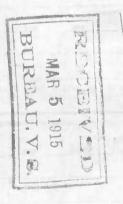
who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. been changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Forenian, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, Civil engineer, Stationary freman, ctc. But In many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of hungs, meninges, peritonaeum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puebperal scptichae-"Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for mallyoma, Sarcoma, etc., of...... (name orlgin; "Cancause of death approved by Committee on Nomenciasepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." lnjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," ctc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

Do B. O. Thereen



-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD RESERVED FOR BINDING MARGIN V. S. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
County Helenick	(1) CERTIFICATE OF DEATH
	Registration Dist, No. 192
Village or City Mouleone Nosfieta	St.; Ward) [If death occurred le a hospital or institution, give its NAME lostead of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE,	16 DATE OF DEATH 2-/ 9/18
Hemale Black Wilsowed, Widow- ordivorced (Write the word)	(Month) (Day (Year)
8 DATE OF BIRTH Dont Know	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw ham alive on Febru 21 , 1915
7 AGE It LESS than	and that death occurred on the date stated above, at 3 am,
about 75 yrs mos ds. OR min.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION (a) Trade, protession, or particular kind of work	Carbine Williams
(b) General nature of Industry, business, or establishment in which amployed (or employer)	(Duration) yrs mas, 3 tas.
9 BIRTHPLACE (State or country) Manifound	Contributory Denganger
10 NAME OF Harry Flax	(Signed) (Si
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	February 191 & (Address) - Prulencky my
12 MAIDEN NAME Dont Know	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Don't Know	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs. 9 mos. 2 ds. State Syrs. mos. 4s
(Interment) Delan Rice Sufet	Where was disease contracted, French of the place of death? Former or usual residence French of the place of
(Address) Hedrick, Mid,	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed. 199,1916 / 11 Fooden we	
REGISTRAR	Thomas F. Rice Firederick.
/ II more blanks are needed, address State Regi	strar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

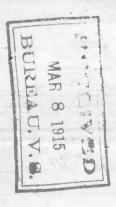
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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many been changed or given up on account of the disease who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salcsman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons As examples: (0)

Statement of cause of death—Name, first, the disease causing dearm (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) 3Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ctc, when a definite disease can be ascertained as the thenia," "Anacmia" (merely symptomatic), "Atrophy," nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "I'UERPERAL peritonitis," etc. State eause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senilc," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Can-Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of death), 29 ds.;



S. No. 1.

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s ve	County Frederich To	CERTIFICATE OF DEATH
hould NO.	7 ' 2	Registration Dist. No.
HYSICIANS SI	Village or City / Orcille (No. 2)	St.; Ward) Steffs of street and
ent o	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EXACTL)	Hernol. Hale Sangle, Widowed. Write the word	(Moath) (Day I HEREBY CERTIFY, That I attended dece
e stated ed. Exac	6 DATE OF BIRTH Meh. 5-, 1863 (Moath) (Day (Year)	that I last saw han allve on who 20th
should b	TAGE Strain 1 day,hrs. ORmin.?	and that desth occurred on the date stated above, at 8.8. The CAUSE OF DEATH* was as follows:
d. AGE s properly	(a) Trade, profession, or particular kind of work. (b) General nature of industry,	·
lly supplied it may be cate.	business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Precurous, Secondary
be careful , so that k of certifi	10 NAME OF FATHER Bufusman	(Signed) Clefacory (Address) Thereword
n should lain terms ns on bac	OF FATHER (State or country) M of 12 MAIDEN NAME OF MOTHER OT MOTHER OF MOTH	*State the Disease Causing Death, or, ia deaths from Causes, state (1) Means of Injury; and (2) whether TAL, Suicidal, or Homicidal.
nformation ITH in pla Instruction	13 BIRTHPLACE OF MOTHER (State or country) In d	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TO OR RECENT RESIDENTS) At place In the ot death yrs mos ds. State yrs mo
DEA See	(Interment)	If not at place of death? Former or usual residence.
Every Item CAUSE OF Important.	16 3. 1. 2. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	19 PLACE OF BURIAL OR REMOVAL DATE OF BUR 20 UNDERTAKER ADDRESS
e e	Filed W. 24,1915 LORO Tryor	20 UNDERTAKER ADDRESS

1 PLACE OF DEATH

If more blanks are aeeded, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

2090

STATE OF MARYLAND

[It death occurred in a hospital or institution,

give its NAME instead of street and number.

t I attended deceased from

or, ia deaths from VIOLENT and (2) whether ACCIDEN-

LS, INSTITUTIONS, TRANSIENTS,

DATE OF BURIAL

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulduties of the household only (not paid Housekeepers statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kiud of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer. first live will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, cated thus: been changed or given up on account of the DISEASE who have no occupation whatever, write None. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons As examples:

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, Is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cansuch, if impossible to determine definitely. Examples: mia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mms," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Juanition," "Maras "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probabily LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measics "Senile," ctc.), (Recommendations on statement of (disease causing death), 29 "Dropsy," The nature of the "Exhaustion," For vio-



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10 NAME OF FATHER

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12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or countr

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. N If death occurred in St.: Ward) a hospital or institution. give its NAME instead of street and number.] 2FULL NAME PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR RACE 5 SINGLE. MARRIED. WIDOWED, - MILO ORDIVORCED (Write the word) (Month) (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) If LESS than and that death occurred on the date stated above, st f dayhrs. The CAUSE OF DEATH * was as follows: OR min. ?mos..... BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of indostry,

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CAUSES, state (1) TAL, SUICIDAL, OF I	RE CAUSING DEATH, or, in deaths from VIOLE MEANS OF INJURY; and (2) whether ACCIDE OMICIDAL.
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ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers applies to each and every person, irrespective of age. should be taken to report specifically the occupations "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Ptanter, tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up ou account of the nisease Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as gainfully employed, as At schoot or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day taborer, Farm laborer, Laborer-Coal statement. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As example, (a) Spinner, (b) Cotton mitl; (a) Satesman, essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be Indl-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons If the occupation has As, examples "Foreman,"

Statement of cause of death—Name, first, the misease causing nearm (the primary affection with respect to time and cansation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia") unqualified, is indefinite): Tabereucisis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant ncoplasms); Meastes; Whooping cough; Chronic cer" Is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Can-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehae cause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclawhich surgical operation was underfaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Contributory." lujury, as fracture of skull, and consequences (e. g., by carbotic acid-probabty suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if Impossible to determine definitely. Examples: The contributory (secondary or intercurrent) tetanus) may be stated under the head of "Scuile," etc.), (Recommendations on statement of (disease causing death), "Dropsy," "Exhaustion," For vio-



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10 NAME OF FATHER

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11 BIRTHPLACE

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

OF FATHER (State or country)

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PLACE OF DEATH County Fred Erich 60 Village or City middle form (No	State of Maryland CERTIFICATE OF DEATH Registration Dist. No		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
Female While (Write the word)	16 DATE OF DEATH Feb. 16. ,191.5- (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from		
Month (Day (Year)	Jan 17 1915 to Feb 15- 1915-		
7 AGE 95 yrs 16 mos 26 ds. OR min.?	and that death occurred on the date stated above, at $\frac{300}{6}$ m. The CAUSE OF DEATH* was as follows:		
B OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	Concurrency of Stomach (Duration) 3 yrs. 8 mos. ds.		

Contributory OT Secondary (Signed) ., 191 3. (Address) *State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place in fhe of death yrs. mos. ... State yrs. Where was disease confracted. if nof af place of death?-Former or usual residence

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REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The additional line is provided for the latter statement: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as material worked on may form part of the second it should be used only when needed. the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupais very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman,"

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PHYSICIANS shouWard) RECORD PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 3 SEX 5 SINGLE DATE OF DEATH MARRIED. WIDOWED! (Write the word) 17 DATE OF BIRTH (Month) (Day 7 AGE If LESS than t day hrs. THIS OF DEATH* was as follows: proper 8 OCCUPATION (e) Trade, profession, or INK particular kind of work. (b) General nature of industry. UNFADING business, or establishment in which employed (or employer) certificate. 9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER & 0 ARGIN WITH back S 11 BIRTHPLACE ARENT OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT uo CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, of HOMICIDAL. 12 MAIDEN NAME Instructions OF MOTHER plai 18 EENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 5 13 BIRTHPLACE At place in the OF MOTHER of death yrs. mos. ds. I (State or country) DEAT Where was disease contracted. WRITE Sec If not at place of death?..... Former or OF usuai residence... Important. Eyery Ite 19 PLACE OF (Address) 15 20 UNDERTAKARY

REGISTRAR

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STATE OF MARYLAND

CERTIFICATE OF DEATH

Registration Dist. No.

Lif death occurred in a hospital or institution. give its NAME instead of street and number. I (Duration) _____Y vrs.___ State yrs. DATE OF BURIAL ADDRESS

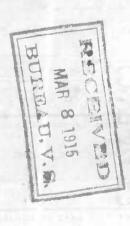
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[Approved by U. S. Census and American Public Health Association.]

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20194 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. [It death occurred in St:----Ward) a hospital or institution. give its NAME instead ot street and number. 1 FULL NAME Still bome mole child oro 1 of al MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 5 SINGLE. MARRIED, S 3 SEX 4 COLOR OR RACE WIDOWED. (Month) Write the word) HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH that I last saw h..... alive on (Month) If LESS than TAGE and that death occurred on the date stated above, at 1 day O hrs. The CAUSE OF DEATH * was as follows: OR. O. min. ? 6 OCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry, business, or establishment in 9 BIRTHPLACE (State or country) Lr (Secondary) 10 NAME OF PARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place in the yrs. mos. ds. State yrs. mos Where was diseasa contracted. if not at piace of death?..... usuai residence. 15 ADDRESS REGISTRAR

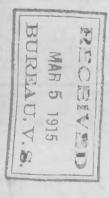
If more blanks are needed, address State Regis trat, S.E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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cause of death approved by Committee on Nomencla mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage. as "Purreral scottichaemus," "Old Age," "Shock." 'Traemia," "Weakness," genital," "Contributory." such, if impossible to determine definitely. etc., when a definite disease can be ascertained as the thenia," "Anaemia" (mereiy symptomatic), "Atrophy," ample: Mcasles (disease causing death), 29 ds .: affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma. Sarcoma. etc., of _ ture of the American Medical Association.) sepsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Aser" is less definite; avoid use of "Tumor" for malig-Bronchonncumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from "Senile," etc.), may be stated under the head (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can State cause for Examples :



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2095 STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in St .:Ward) a hospital or institution. 000 2 give its NAME Instead of street and number.] MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE, 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED. (Month) Write the word) HEREBY CERTIFY, That I attended deceased from 8 DATE OF BIRTH (Month) (Day (Year) If LESS than 7 AGE and that death occurred on the date stated above, at ... f day, Q. hra. The CAUSE OF DEATH * was as follows: OR 0 min. ? 6 OCCUPATION (a) Trade, profession, or particular kind of work... (b) General nature of industry, business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) (Secondary) 10 NAME OF FATHER .., 191.5.. (Address). 11 BIRTHPLACE ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS 13 BIRTHPLACE At place In the OF MOTHER yrs. mos. ds. State yrs, mos. Where was disease contracted. if not at place of death? usual residence. OR REMOVAL DATE OF BURIAL 15

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

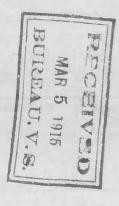
ADDRESS

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not (a) Spinner, (b) Cotton mill; (a) Salcsman, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," If the occupation has As examples:

Statement of cause of death—Name, first, the disease causing death—Is affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid dneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin-

mia," "Tuerperal peritonitis," etc. State cause for childbirth or miscarriage, as "Puraperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras genital," "Senile." etc.), thenia," "Anacmia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitlal nephritis neat neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of __ cause of death approved by Committee on Nomencla by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asture of the American Medical Association.) "Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably Bronchopncumonia (secondary), 10 ds. Never report The contributory Always qualify all diseases resulting from may be stated under the head (Recommendations on statement of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-Examples:



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PHYSICIANS RECORD Jo statement PERMANENT EXACTLY. Exact stated properly classified. pe pinous AGE carefully supplied. pe may certificate. that it 80 of pe p back terms, pinous 0 DEATH in plain Instructions of Information WRITE See CAUSE OF Important.

state CSICIANS should occupation is

2096 PLACE OF DEATH

6 SINGLE,

MARRIED, WIDOWED,

Write the word)

23

(Year

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1 day,.....h

OR min

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

(Day)

PERSONAL AND STATISTICAL PARTICULARS

(Month)

4 COLOR OR RACE

Mus

which employed (or employer) -----

STATE OF MARYLAND

)	Registration D	or No	53
lling	St.; Ward	f) [it d a hospit give its	eath occurred al or institut NAME lost t and number.
MEDIC	CAL CERTIFICATE O	F DEATH	
16 DATE OF DEATH	2-21	/	_, 1915
	(Month)	(Day)	(Year)
17 I HER	EBY CERTIFY, That	l attended de	ceased fro
***************************************	., 191, to		191
hat I last saw h	alivo on		101
nd that death occurre	ed on the date stated	above, at	a-
he CAUSE OF DEAT	H* was as follows:	. , 0	1
Lose	-genetal	Syp to	lio
	(Duration)	yrs5	mos. 2. Z
Contributory For (Secondary)		yrs 5	mos ZJ (
Contributory For (Secondary)	(Duration) (Duration) (Duration) (Address)	yrs 5	mos. Z.J
Contributory. (Secondary) (Secondary) State the DISEASE CAUSES, state (1) M TAL, SUICIDAL, OF HO 16 LENGTH OF RESIDION RECENT RESIDENT At place of death	(Duration) (Duration) (Duration) (Address) (Address	yrs 5	mos. Z.J. mos, M. m Violent r Acciden
Contributory (Secondary) (Signed) 191 *State the DISEASE CAUSES, state (1) M TAL, SUICIDAL, OF HE CAUSES (1) M TAL, SUICIDAL (1) M TAL, SUIC	(Address)	In deaths from 1 (2) whethe	mos. Z.J. mos, M. m Violent r Accident mos
Contributory. (Secondary) (Signed) *State the DISEASE CAUSES, state (1) M TAL, SUICIDAL, or Ho 18 LENGTH OF RESIDI OR RECENT RESIDENT At place of death	(Address)	in deaths from (2) whethe	mos. Z

Very

3 SEX

7 AGE

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15

6 DATE OF BIRTH

BOCCUPATION

(a) Frade, protession, or

particular kind of work.

⁹BIRTHPLACE (State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (State or country)

12 MAIDEN NAME

13 BIRTHPLACE OF MOTHER (State or country)

14 THE ABOVE IS TRUE

(Address)

(Informant)

OF MOTHER

(h) General nature of industry,

business, or establishment in

m

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[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). Servant, Cook, Housemaid, etc. If the occupation has who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Grocery; (a) Foreman, (b) Automobile factory. The the nature of the business or industry; and therefore an Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never (b) Cotton mill; (a) Salesman, return "Laborer," For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc., Carein-

injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of ture of the American Medical Association.) cause of death approved by Committee on Nomenclaby carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJUST and qualify as mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purpresal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Accidental drowning; Struck by railway train—acciwhich surgical operation was undertaken. For viovalvular heart disease; Chronic interstitial nephritis zer" is less definite; avoid use of "Tumor" for maligoma. Sarcoma. etc., of _ mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic The contributory Always qualify all diseases resulting from "Senile," etc.), (secondary or intercurrent) "Dropsy," "Exhaustion," ... (name origin; "Can The nature of the Never report



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2097 STATE OF MARYLAND 1 PLACE OF DEATH state Very CERTIFICATE OF DEATH SICIANS should occupation is Registration Dist. No. 45 6. Fe PHYSICIANS If death occurred la a hospital or lostitution, give Its NAME instead of street and number.] statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH EXACTLY. 5 SINGLE, Leng 4 COLOR OR RACE DATE OF DEATH MARRIED. 19152 WIDOWED. ORDIVORCED (Month) (Year) I HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH 19/5 classified. (Month) (Day (Year) 7 AGE If LESS than D and that death occurred on the date stated above, at 1 day hrs. The CAUSE OF DEATH* was as follows: OR min. ? properly BOCCUPATION (a) Trade, profession, or particular kind of work. supplied pe (b) General nature of Industry. business, or establishment in may (Duration) which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory_ Secondary that 10 NAME OF FATHER 20 (Signed) 0 terms. ARENTS 11 BIRTHPLACE (Address) OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, EATH in plair OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ___ ds. State _ Where was disease contracted. If not at place of death?. ۵ Former or 10 usual residence mportant. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Every 15 Stel 20 UNDERTAKER ADDRESS If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illshould be taken to report specifically the occupations cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not dutics of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But In many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ago. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the DISEASE who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomcnclainjury, as fracture of skull, and consequences (e. g., mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Deblity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canture of the American Mcdlcal Association.) sepsis, tetanus) may be stated under the head Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

or, B. O. Thomas



V. S. No. 1.

1 PLACE OF DEATH	2098 STATE OF MARYLAND
County Heederick 1-	CERTIFICATE OF DEATH
A. O.	Registration Dist, No.
Village or City Montevue Tho Vosful	St.; Ward) [If death occurred in a hospital or institution, give its NAME insteed of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Flemale White (Strict on Wood)	16 DATE OF DEATH Feb. 17 ,1915 (Year)
6 DATE OF BIRTH	17 HEREBY CERTIFY, That I attended deceased from
January 12", 1850 (Month) (Day (Year)	that I last saw her alive on February 1915
7 AGE (STORLE) (Pay (Tear) 1 LESS than t day, hrs. OR. min.?	and that death occurred on the date stated above, at
a) Trede, protession, or perticular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mas. 17 ds.
9 BIRTHPLACE (State or country) Pensylvania	Gontributory Mutual regurgatation
10 NAME OF Jacob Brady	(Signed) Bollons , i. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	*State the DISEASE CAUSING DEATH, OF, in deaths from VIOLENT
To MAIDEN NAME OF MOTHER Elisabeth Hassborn	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE OF MOTHER (State or country) Pennsylvania	At piece In the of death yrs mos ds. State yrs mos ds
(Informant) Climbothiee, Sufet,	Where wes disease contracted, If not at place of death? Former or usuel residence
(Address) Herederick (Ind)	of the homoton 2/26, 191
Filed 18, 1913 The MANAGE REGISTRAR	20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 H. Tranklin St. Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekcepers minc, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necwho have no occupation whatever, write None. been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question (a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return (b) Cotton mill; (a) Salcsman, (b) "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medicai Association.) ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerreral peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichaccause. Always qualify aii diseases resulting from cte, when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; valvalar heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Caneause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (c. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tctanus) may be stated under the head of (Recommendations on statement of For vio-



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CERTIFICATE OF DEATH Registration Dist. No [If death occurred lo St.:----Ward) a hospital or institution give its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 4 COLOR OR BACE 16 DATE OF DEATH WIDOWED, CL (Write the word) (Month) (Day (Year) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Day (Year) TAGE if LESS than and that death occurred on the date stated above, at 4 Chlor fm. 1 day,....hrs. The CAUSE OF DEATH* was as follows: 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in (Duration) which employed (or employer) BIRTHPLACE Contributory (State or country) Secondary 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country) In the of death _____ yrs. ___ mos. _ State _____ yrs. ___ mos. Where was disease contracted, 14 THE ABOVE IS TRUE TO THE If not at place of death? Former or usual residence. 19 FLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

LENT DEATHS State MEANS OF INJURY and qualify as cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measics (disease causing death), 29 ds.; affection need not be stated unless important. cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For vio-Bronchopncumonia (secondary), 10 ds. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably The contributory (Recommendations on statement of may be stated under the head of (secondary or intercurrent) "Dropsy," "Exhaustion," (name origin; "Can-Never report



PLACE OF DEATH	STATE OF MARYLAND
County Frederick City	CERTIFICATE OF DEATH
	Registration Dist. No.
Village or City the design (No. 18,	St.; Ward) [If death occurred in a hospital or institution,
*FULL NAME Mo Elizete	give its NAME instead of streef and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Fundle Philipping Server of Wisowes, Wisowes, Willey Word (Write the word)	16 DATE OF DEATH tel 12th, 1915 (Month) (Day (Year)
6 DATE OF BIRTHER X 1834	Take 16 1915 to Ful. 12 h, 1915.
(Month) (Day (Year)	that I last saw hat alive on the last saw ha
X X 1 day,hrs.	and that death occurred on the date stated above, at
BOCCUPATION (a) Trade, protession, or particular kind of work	Cumbral Heminghal and
(b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. 2 ds.
State or country) Balto City md	Contributory Alexand Scleron Secondary (Doration) 5 yrs mos ds.
O MAME OF FATHER Lowell	(Signed) A Madja M. D.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER 14 MAIDEN NAME OF MOTHER	*State the DISEASE CAUSING DEATH, Or, In deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
13 BIRTHPLACE OF MOTHER	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place in the
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death?
(Interment) Win Nyer	Former or usual residence
(Address) 8 - W. 7	19 PLACE OF BURIANOR REMOVAL DATE OF BURIAL
Filed 13 Feb. 1915 Chaif Michael	20 UNDERTAKES OF ADDRESS
If more blanks are needed, address State Rogis	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not mine, etc. "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nee-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write Nonc. Scrvant, Cook, Housemaid, etc. If the occupation has of persous engaged in domestie service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborermaterial worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonacum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Canmere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; eer" is less definite; avoid use of "Tumor" for maligsuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ete., when a defiuite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatie), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) (Recommendations on statement of For vio-



PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

chelberger,	t.;Ward)	[It death occurred in a hospital or institution, give its NAME Instead of street and number.]
MEDICAL CE	RTIFICATE OF D	PEATH
16 DATE OF DEATH	3	35 - 1045-
***************************************	(Month)	(Day) (Year)
that I last saw h . alive	to U	ended deceased from
and that death occurred on the CAUSE OF DEATH * was	he date stated abo	, , , , , , , , , , , , , , , , , , , ,
		Pora co hore,

Contributory 90		rrsmos. 2_ds.
(Signed) (Addre	(Boration) A Labe SS) Theods	yrs mos ds. M. D.
*State the DISEASE CAUSII CAUSES, state (1) MEANS OF TAL, SUICIDAL, OF HOMICIDA	NG DEATH, or, in d	
18 LENGTH OF RESIDENCE (I OR RECENT RESIDENTS) At place of death yrs mos Where was disease centracted, If not at place of death?	In the State	
Former or usual residence		**************************************
19 PEACE OF BURIAL OR RE	MOVAL JU	L. 27 1915
20 HNDERTAKER	1 45	7,101.41.41

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12

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. statement. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, material worked on may form part of the second Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. childbirth or miscarriage, as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skuli, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 de.; valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of ... "Contributory." Accidental drowning; Struck by railway train-acci-Bronchopneumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of (name origin; "Can-"Exhaustion," Never report Examples:



N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. MARGIN RESERVED FOR BINDING

V. S. No. 1.

1 PLACE OF DEATH	2102 STATE OF MARYLAND
Producels	CERTIFICATE OF DEATH
County Julium	Registration Dist, No. 148
ala,	
Village or City Oak Grehard (No	St.; Ward) [If death occurred in a hospital or institution,
Educa I Pol	give lis NAME Instead of street and number.]
FULL NAME VIII UNA COM	our Cusor
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
2/10/0 4 COLOR OR RACE SINGLE, MARRIED, Married	16 DATE OF DEATH 7 5 1915
Male While (Write the word)	(Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
July 28 1832	7.1
/(Month) (Day (Year)	that I last saw h alive on Tell 8 1915
7 AGE if LESS than 1 day,hrs.	and that death occurred on the date stated above, at 4 Pm,
82 yrs 6 mos 5 ds. OR min.?	The CAUSE OF DEATH* was as follows:
8 OCCUPATION OT	Central Hemiplegia
(a) Trade, profession, or farmer	ally see
(b) General nature of Industry, business, or establishment in	
which employed (or employer)	(Ouration) yrs mos G ds.
State or country) Ballimore les	Secondary Secondary
10 NAME OF	(Duration)mosds.
FATHER SALLY B. Course	(Signed). Sty Frown, M. D.
O 11 BIRTHPLACE	Tub 6, 1915 (Address) Frew Windson
(State of country) Balling Ceo. 944	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-
11 BIRTHPLACE OF FATHER (State of country) Ballimore Ced. 944	TAL, SUICIDAL, OF HOMICIDAL.
- Calley	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Ballinger Leo Med	At place in the of death yrs mos ds
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,
(Informant) 6. Clarence Euron.	If not at place of death?————————————————————————————————————
(IIIIII Balli)	usual residence
(Address) New Wandsor Viva	19 PLACE OF BUBIAL OR REMOVAL DATE OF BURIAL
16 Z. () 4 O/ 11/62	20 UNDERTAKER ADDRESS
Filed 120 1910 11 Train	3/30
If more blanks are needed, address State Regis	strar. 6 E. Franklin St. Ratto Requesting V S No. 1

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise speci-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculsis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Wcakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association. cause of death approved by Committee on Nomencla-"Contributory." Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as etc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Canby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Marasample: is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of For VIO-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 4 1915 BURBAU. V. S.

V. S. No. 1.

RECORD WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. AGE should be stated EXACTLY.

1 PLACE OF DEATH PHYSICIANS should state

21113

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 139

.St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

OCCUPATION (a) Trade, profession, or particular kind of work. (b) Beneral patter of industry, business, or establishment in which employed (or employer) P BIRTHPLACE (State or country) OF FATHER (Andrew S. Deffay OF FATHER (State or country) I BIRTHPLACE (State or country) I 10 NAME OF FATHER (State or country) I 20 MAJDEN NAME OF FATHER (State or country) I 21 BIRTHPLACE (State or country) I 21 BIRTHPLACE (State or country) I 22 MAJDEN NAME OF MOTHER (State or country) I 32 BIRTHPLACE (State or country) I 32 BIRTHPLACE (State or country) I 34 BIRTHPLACE (State or country) I 34 BIRTHPLACE (State or country) I 34 BIRTHPLACE (State or country) I 35 BIRTHPLACE (State or country) I 36 BIRTHPLACE (State or country) I 37 BIRTHPLACE (State or country) I 37 BIRTHPLACE (State or country) I 38 BIRTHPLACE (State or country) I 38 BIRTHPLACE (State or country) I 37 BIRTHPLACE (State or country) I 38 BIRTHPLACE (State or country) I 39 BIRTHPLACE (State or country) I 30 BIRTHPLACE (State or country) I 36 BIRTHPLACE (State or country) I 40 BIRTHPL	FULL NAME TOWN IT GILL	
DATE OF BIRTH STAGE DATE OF BIRTH AMONTH) TAGE THEREBY CERTIFY, That I attended decessed from that I last saw h. M. alive on H. T. 1914. TAGE THEREBY CERTIFY, That I attended decessed from that I last saw h. M. alive on H. T. 1914. THE LAST HAM IT LESS than I day, mrs. The GAUSE OF DEATH* was as follows: DESCRIPTION (a) Trade, profession, or periodic kind of work. The GAUSE OF DEATH* was as follows: The GAUSE OF DEATH* was as follows: The GAUSE OF DEATH* was as follows: Contributory. DISTRIPLIACE (Nate or country) OF PATHER OF MOTHER (State or country) MANUAL DELIVERATION DEATH, or, in deaths from VIOLENT TAM, SUITCHER, OF HONOLOGY INJURY, and (2) whether Accidents and place of death? Former or usual residence 18 LENGTH OF RESIDENCE FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, APPLICATION, OF BUILDING, THE MICHAEL 18 LENGTH OF RESIDENCE FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, APPLICATION, OF STAIL STATEMENTS, APPLICATION, OF S	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
TAGE Amonth Chay Crear	A What WHOWED, morried	(Month) (Day (Year)
OCCUPATION (a) Trade, profession, or particular kind of work. (b) Beneral patter of industry, business, or establishment in which employed (or employer) P BIRTHPLACE (State or country) OF FATHER (Andrew S. Deffay OF FATHER (State or country) I BIRTHPLACE (State or country) I 10 NAME OF FATHER (State or country) I 20 MAJDEN NAME OF FATHER (State or country) I 21 BIRTHPLACE (State or country) I 21 BIRTHPLACE (State or country) I 22 MAJDEN NAME OF MOTHER (State or country) I 32 BIRTHPLACE (State or country) I 32 BIRTHPLACE (State or country) I 34 BIRTHPLACE (State or country) I 34 BIRTHPLACE (State or country) I 34 BIRTHPLACE (State or country) I 35 BIRTHPLACE (State or country) I 36 BIRTHPLACE (State or country) I 37 BIRTHPLACE (State or country) I 37 BIRTHPLACE (State or country) I 38 BIRTHPLACE (State or country) I 38 BIRTHPLACE (State or country) I 37 BIRTHPLACE (State or country) I 38 BIRTHPLACE (State or country) I 39 BIRTHPLACE (State or country) I 30 BIRTHPLACE (State or country) I 36 BIRTHPLACE (State or country) I 40 BIRTHPL	DATE OF BIRTH	Feb 14, 1914, to Feb 17, 19145
(a) Trade, profession, or perticular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) PBIRTHPLACE (State or country) 10 NAME OF FATHER (State or country) 12 MAIDEN NAME (State or country) 12 MAIDEN NAME (State or country) 13 BIRTHPLACE (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant) (Address) (Address) Address Address Address (Address) Address (Address) Address (Address) Address Addre	9 () (5 (t day,hrs.	
Dustiess, or establishment in which employer (or employer) Pairthplace (State or country) In NAME OF FATHER (State or country) It BIRTHPLACE OF FATHER (State or country) It BIRTHPLACE OF FATHER (State or country) It Amaiden Name OF FATHER (State or country) It Amaiden Name OF Morther Hattle Samue It Amaiden Name OF Morther Hattle Samue It The Above is true to the Best of My knowledge (Informant) (Informant) (Informant) (Address) Amaiden Name OF Morther Hattle Samue It The Above is true to the Best of My knowledge (Informant) (Informant) (Address) Amaiden Name OF Norther Hattle Samue It The Above is true to the Best of My knowledge (Informant) (Informant) (Informant) (Address) Amaiden Name OF Norther Accident Of Residence (For Hospitale, Institutions, Transsients, or Recent Residence (Informant) It The Above is true to the Best of My knowledge (Informant) (Informant) (Address) Amaiden Name OF Norther Accident (Informant) It The Above is true to the Best of My knowledge (Informant) (Informant	(a) Trade, profession, or perficuler kind of work. Housewife	Lubreulais,
Ontributory Secondary Contributory Secondary State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Induction Causes, state (1) Means of Indu	business, or establishment in	(Duration)yrsmosds.
(Signed) (Address) (Signed) (Address) (Address) (Signed) (Address) (Address) (Signed) (Address) (Address) (Signed) (Signed) (Signed) (Address) (Signed) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Address) (Address) (Address) (Signed) (Signed) (Address) (Address) (Signed) (Signed) (Signed) (Address) (Address) (Address) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (Address) (Address) (Signed) (Signed) (Address) (Addres	9 BIRTHPLACE	Secondary Turilatoral
13 BIRTHPLACE OF MOTHER (State or country) Whose (State or country) Whose (State of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted, if not at place of death? Former or usual residence (Address) Schillasrille Mil 15 Filed Heb. 18, 1915. 6 h. Stem. FREGISTRAR FREGISTRAR 18 LENGTH OF RESIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, or RECENT APSIDENCE (FOR HOSPITALE, INSTITUTIONS, TRANSIENTS, OR RECE	FATHER Sarry S. Duffray 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	(Signed) , M. D. #State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
(Informant) Shu Eyler (Informant) Shu Eyler (Address) Sabillassille Mil 15 Filed Steb. 18, 1913. 6 h. Stem REGISTRAR If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL Leweley Filet 19, 1915. 20 UNDERTAKER ADDRESS Shumontyn	13 BIRTHPLACE	At piece in the of death yrs, mos, ds
15 Filed Steb. 18, 1913. 6 M. Stern REGISTRAR Church of Bod; Cerueley Field 19, 1913. ADDRESS ADDRESS Shurrouty	I dea Enlas	If not at place of death?
The state of the s	16 Filed Steb. 18 , 1913 - 6 h. Stem	Church of God Cecureley Filt 19 , 1915.
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto. Requesting V. S. No. 1.		strar, 6 E. Franklin St., Balto, Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death—In with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospidal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumodia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, uant neoplasms); Measles; Whooping cough; Chronie oma, Sarcoma, etc., of...... (name origiu; "Canmia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septiehue etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As ample: affection need not be stated unless important. cause of death approved by Committee on Nomenclasepsis, tetanus) injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) is less definite; avoid use of "Tumor" for malig-Always qualify all diseases resulting from Measles (discase causing death), 29 ds.; "Seuile," may be stated under the head of (Recommendations on statement of etc.), "Dropsy," "Exhaustion," Never report For VIO



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ø

	1 PLACE OF DEATH	STATE OF MA	RYLAND
	Frederick (87)	CERTIFICATE C	OF DEATH
Go	ounty	Registration D	ist. No. /3/
V		E. Church St; Ward	[If death occurred in a hospital or institution, give its NAME instead of street and number.]
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE O	F DEATH
	T awate	16 DATE OF DEATH 7	10 5
3 SE	MARRIED, WIDOWED.	(Month)	(Day) (Year)
111	Nale White (Write the word)	170 I HEREBY CENTIFY That	
6 D	ATE OF BIRTH	aug. 31 1914 to Jah	4.19 195
	10 20 ,1844	show the same is allowed File	La 10 105
	(Month) (Day) (Year)	that I rast saw in A anve on	045
7 AC	GE It LESS than 1 day,hrs.	and that death occurred on the date stated	above, at 7 - A.m.
	70 yrs. 3 mos. 19 ds. ORmin.?	The GAUSE OF DEATH* was as follows:	
	CCUPATION) Trade, profession, or	Joseph Joseph	
- pa	rticular kind of work.		
	of General nature of industry, Siness, or establishment in	(Duration)	yrs. 2 mos. ds.
-	ich employed (or employer)		Cleron Hell.
9 8	iate or country) Frederich Mel	Ocsophageal Studing Querallon)	yrs mos ds.
	10 NAME OF FATHER August Thomks	(Signed)	uduk, M. B.
S	11 BIRTHPLACE	04/19 (1910 (Address) 1	elenely Had
ENTS	(State or country) Sanover Germany	*State the DISEASE CAUSING DEATH, or, CAMSES, state (1) MEANS OF INJURY; an TAL, SUICIDAL, OF HOMICIDAL.	In deaths from VIOLENT d (2) whether ACCIDEN-
PARI	OF MOTHER Sophia Catharing Kraft	18 LENGTH OF RESIDENCE (FOR HOSPITALS OR RECENT RESIDENTS)	
	13 BIRTHPLACE OF MOTHER (State or country) Lamove Germany	At place in the of death yrs mas ds. State	yrs mos ds
14-	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted,	
	(Intermant), Mrs Margaetha Franke	Former or usual residence.	-
	(Address) 2 35/12 1= Church St-	19 PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL
15		Mr Clivet	2/22 1915
	H - // 1 mc //	20 UNDERTAKER	ADDRESS
F	iled 22 La. 1915 State of My to Span the	Q Q Carks	Frederick Mel
1	If more blanks are needed, address State Regis trar, 6	É. Franklin St., Balto., Requesting V. S. No.	1.

[Approved by U. S. Census and American Public Health
Association.]

of persons engaged in domestic service for wages, as duties of the household only (not paid Housekeepers cated thus: Farmer (retired 6 yrs.). CAUSING BEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer—('oal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not minc, etc. statement. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (d) Cotton mill; (a) Salcsman, (d) Foreman, (d) Automobile factory. The For persons

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcinosis of lungs, meninges, peritonaeum,

ture of the American Medical Association.) cause of death approved by Committee on Nomencla sepsis, tetanus) may be stated under the head by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPERAL pcritonitis," etc. childwirth or miscarriage, as "Purreral scptichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Traemia," "Weakness," thenia," "Anaemla" (merely symptomatic), "Atrophy," valvular heart disease; Ohronic interstitial nephritis "Contributory." Injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as "Collapse." "Coma," mere symptoms or terminal conditions, such as "As Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of ... "Heart failure," "Haemorrhage," "Inanition," "Maras. The contributory Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Convulsions," "Debility" ("Con-(secondary or intercurrent) "Dropsy," "Exhaustion," _ (name origin; "Can death), 29 ds. State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 5 1915 BUREAU, V. S.

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8

RECORD statement PERMANENT classified. pe properly AGE UNFADING may 80 WITH terms, pinous plain Information = DEATH OF

Very 100 PHYSICIANS should of OCCUPATION ISWard) 2FULL NAME..... MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX S SINGLE. 18 DATE OF DEATH COLOR OR RACE MARRIED. WIDOWED, ORDIVORCED (Write the word) OF BIRTH (Month (Day (Year) TAGE If LESS than 1 day hrs. OR 7 .mos..... 8 OCCUPATION (a) Trade, protession, or particular kind of work (b) General nature of Industry, business, or establishment lu which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER (Signed) of back 11 BIRTHPLACE LZ OF FATHER (State or country) AREI 12 MAIDEN NAME Instructions OF MOTHER OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER of death yrs. mos. (State or country) Where was disease contracted. 14 THE ABOVE IS TRUE TO THE MY KNOWLEDGE See If not at place of death?.... (Informant). usual residence mportant. Every its (Address)..... 15

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 14

fif death occurred in a hospital or institution. give its NAME Instead

of street and number.]

(Month) (Year) (Day HEREBY CERTIFY. That I attended deceased from and that death occurred on the date stated above, at... (Duration) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and .(2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. ... tn the ds. State _____ yrs, ____ mos, ____ ds DATE OF BURIAL

ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic scrvice for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pdeumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumodia," udqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

"Collapse," "Coma," "Convulsions," "Debility" ("Conample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronie cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cansepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report cause of death approved by Committee on Nomenclaby earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Marasture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) (Recommendations on statement of State cause for



ated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very stated EXACTLY. be properly classified. WRITE PLAINLY, WITH UNFADING INK-THIS IS A AGE may See instructions on back of should plain DEATH

-Every Item CAUSE OF Important.

N.B.

V. S. No. 1.

Village or City Lordy form (No.

2106 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 137

....St.;.....Ward)

[It death occurred in a hospital or Institution, give its NAME Instead of street and number.]

2FULL NAME Mary Elswo	The Glisace of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Finale 4 COLOROR RACE 5 SINGLE, MARRIED, MUDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH For Month (Month) (Day (Year)
ODATE OF BIRTH OCA (Month) (Day (Year)	that I last saw h & alive on Feb 25 , 1915
7 AGE 1 LESS than 1 day, hrs. OR. min.?	and that death occurred on the date stated above, at m The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) - yrs. 4 mos. Q ds
9 BIRTHPLACE (State or country) Index cel Co	Contributory Secondary (Buratish) / yrs mos ds
TATHER SALVE TELLAN 111 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed), W. D. Forte, M. D. Free 28, 1915 (Address) & world foron
12 MAIDEN NAME OF MOTHER Anna Stattins 13 BIRTHPLACE OF MOTHER OF Country) Mary land	*State the DISEASE CAUSING DEATH, or, In deaths from VIOLENZ CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden TAL, SUICIDAL, Or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the ot death yrs mos ds. State yrs mos ds.
(informant) That E Shar are	Where was disease contracted, If not at place of death? Former or usual residence.
16 Filed Man 1, 1915 M. D. Burfman REGISTRAR	20 UNDERTAKER DATE OF BURIAL Mar 3 78, 1910

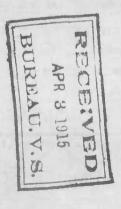
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborerwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specistatement. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, been changed or given up on account of the disease material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the DISTARE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhold pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculests of lungs, meninges, peritonaeum, etc., Carcin-

"Contributory." scpsis, tetanus) may be stated under the head of mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of death), 29 ds.; Never report For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

V. S. No. 1.

	PLACE OF DEATH	2167 STATE OF MAR	YLAND
	Tuderick 64	CERTIFICATE OF	DEATH
CC	3	Registration Dist	No. 131
V	illage or City Trederick (No. 43,	E. Third st; Ward)	[If death occurred In a hospital or Institution, give Its NAME Instead
	2 FULL NAME Darah J. Tr	eeu	of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF	DEATH
3 5 5	Whale 4 COLOR OR RACE 5 SINGLE, MARRIED, WILLOWED, OR DIVORCEO (Write the word)	18 DATE OF DEATH Somay (Month)	/3 ,1915 (Day) (Year)
6 n	ATE OF BIRTH	17 HEREBY CERTIFY that La	ttended deceased from
67	(Month) (Day) (Year)	that I last saw har alive on Fally	7, 10 1915, 1915, 1915
7 A	GE If LESS than	and that death occurred on the date stated at	bove, at 1145 Am.
	66 yrs. 9 mos. 24 ds. OR min.?	The CAUSE OF DEATH* was as lollows:	
(a)	OCCUPATION OTrade, profession, or rifcular kind of work	Cesebral appop	lety
(b) bus	General nature of industry, iness, or establishment in ch employed (or employer)	(Duration)	yrs. mos. 7 ds.
9 B	(RTHPLACE tate or country) Maryland	Contributory Cellina of Alexan Scheros Cheron Scheros Cheron Duration)	Yrs mos ds.
	10 NAME OF Januarel Clemm	(Signed) TOSPerro	(M. D. (
ENTS	11 BIRTHPLACE OF FATHER (State or country) Mayland	*State the Disease Causing Death, or, in	deaths from VIOLENT
PARE	12 MAIDEN NAME Sathanice Wacht	CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS. IN	
	13 BIRTHPLACE OF MOTHER (State or country) Marylund	At place In the of death yrs ds. State	yrs, ds
14-	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death?	
	(Informant) Mrs. Jus. ~ M. Meen	Former or usual residence	
	(Address) Frederick My,	10	DATE OF BURIAL
16		MI-Olivet-	2/16,1915
FI	100 16 Leb 1910 dea 4 Male miles	1 10 10 1	ADDRESS
-	If more blanks are needed, address State Regis trar, 6		uslemoff Mel
	and the same and address that the section that A	w. c. adams or., Dairo., wednestring t. S. No. 1.	

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING BEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who have no occupation whatever, write None been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry; and therefore an cases, especially in industrial employments, it is nec-Housewife, Housework, or At Home, and children, not mine, etc. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Salcsman, (b) As examples: For persons

Statement of cause of death—Name, first, the disease causino death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tudercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

sepsis, tctanus) may be stated under the head of ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "Puerperal schiichaectc., when a definite disease can be ascertained as the genital," thenia," "Anaemia" (merely symptomatic), "Atrophy," by carbolic acid-probably suicide. The nature of the ACCIDENTAL SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage." "Inanition," "Maras "Collapse." "Coma," "Convulzions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Ohronic interstitial nephritis Bronchopneumonia (secondary), 10 ds. Never report nant neoplasms); Measles; Whooping cough; Chronic zer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent "Old Age," "Shock," 'Traemia," "Weakness," Always qualify all diseases resulting from Measles (disease causing death), 29 ds. "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of __ (name origin; "Can State cause for Examples:



should OCCUPATION PHYSICIANS RECORD 0 statement ERMANENT EXACTLY. properly supplied. UNFADING may that 80 WITH piain -WRITE o 4 Item Every Item CAUSE OF Important.

2118 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. lit death occurred inWard) a hospital or Institution, give its NAME lostead of street and number. 1 * FULL NAME ... MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. WIDOWED, (Day) (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from 191 to (Month) (Day) (Year) If LESS than and that death occurred on the date stated above, at.... 1 dayhrs. The CAUSE OF DEATH * was as follows: OR mlo. ? 8 OCCUPATION (a) Frade, protession, or particular kind of work. (b) General nature of industry. business, or establishment in which employed (or employer) State or country) Contributory. (Secondary) 10 NAME OF FATHER 11 BIRTHPLACE ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death ____ yrs. ___ mos. ___ ds. State _____ yrs, ____ mos. ____ ds. Where was disease contracted. It out at place of death? Former or usual residence. PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER

If more blanks are needed, address State Registrar, C E. Franklin St., Baltor, Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health
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Statement of cause of death—Name, first, the disease Causing death—Name, first, the disease to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercu-tosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under injury, as fracture of skuli, and consequences (e. g., by carbolic acid—probably suicide. Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL scptichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "ligart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis oma. Sarcoma. etc., of .. ture of the American Medical Association.) "Contributory." dent; Revolver wound of head-homicide; Poisoned Bronchopneumonia (secondary), 10 ds. nant neoplasms); Measles; Whooping cough; Chronic is less definite; avoid use of "Tumor" for mails The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," ... (name origin; "Can The nature of the State cause for "Exhaustion," the head Never report Examples:



2 STATE OF MARYLAND 1 PLACE OF DEATH PHYSICIANS t statement of CERTIFICATE OF DEATH Registration Dist. No. If death occurred inWard) a hospital or institution, Exact give its NAME instead of street and number.] RECORD stated EXACT properly classified. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFI 5 SINGLE. 4 COLOR OR RACE 3 SEX MARRIED, WIDOWED OR DIVORCEO (Write the word) 1915 (Day) ERTIFY. That I attended deceased from 6 DATE OF BIRTH should pe d If LESS than that death occurred on the date stated above. 7 AGE may ш 1 day, hrs. O OR min. ? THIS d that B OCCUPATION 50 ed (a) Trade, profession, or supplie ons particular kind of work (b) General nature of industry instructi business, or establishment in terms UNFADING fully which employed (or employer 9 BIRTHPLACE (State or country) c e a 2.0 10 NAME OF be C Should ATH in important. ENTS 11 BIRTHPL *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT OF FATER (State or country) CAUSES, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. PLAINLY, W LL 12 MAIOEN NAME 0 Œ OF MOTHER Lau 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS 0 very SE In the At place OF MOTHER Slate, yrs. mos. ds. of death NRITE should state CAUS (State or country Where was disease contracted, If not at place of death? Former or item usuel residence DATE OF BURIAL Every 15 20 ADORESS UNGERTAKER 0 σi REGISTRAR If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

the duties of the household only (not paid Housekeepers business, that fact may he indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the disease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housetaken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton of the second statement. know (a) the kind of work and also (b) the nature of the cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective "Foreman," "Manager," "Dealer," etc., without more is provided for the latter statement; it should be used business or industry, and therefore an additional line especially in industrial employments, it is necessary to For many occupations a single word or term on the ness of various pursuits can be known. The question -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupavery important, so that the relative healthful-For persons who have no occupation whatever, The material worked on may form part Never return "Laborer, (b) Autoof age

Statement of Cause of Death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia,—Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. head-homicide; Poisoned by carbolic acid-probably to determine definitely. Examples: Accidental drowning: SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Puerperal perilonitis," etc. mus," "Old Age," "Shock," "Uracmia," "Weakness, Struck by railway train-accident; Revolver wound of etc., when a definite disease can be ascertained as the genital," cause. Always qualify all diseases resulting from child-"Heart failure," "H::emorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. rent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Caneer" is less definite; avoid use of ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... The nature of the injury, as fracture of skull "Senile," The contributory (secondary or intercuretc.), "Puerperal septichaemia, "Dropsy," State cause for which Never report mere "Exhaustion,"



County Frederick Q	STATE OF MARYLAND CERTIFICATE OF DEATH
Ω_{i} $+$ Ω_{i}	Registration Dist. No. 130
Village or City Udamslown (No.)	St.; Ward) [If death occurred in a hospital or institution give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Negress Single, MARRIED, WIDDWED Ling le	(Month) (Day) (Year I HEREBY CERTIFY, That I attended deceased fro
Month (Day) (Year)	that I last saw h alive on 191
7 AGE If LESS than 1 day, hrs. or min.?	and that death occurred on the date stated above, at
B DCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry	Likely preumonia
business, or establishment in which employed (or employer) BINTHPLACE (State or country)	(Buration) yrs. mos.
on the of Meale Hall	(Signed) TCly le 12 pulson Soc. R
U SIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	*State the Diskase Causing Death, or, in deaths from Violent Causes, state (1) Means of Injuby; and (2) whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Md.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEN OR RECENT RESIDENTS) At place in the first state, yrs. mes. ds. State, yrs. mes. mes.
(Informant) (Informant)	If not at piece of deeth ?
(Address) adamstown	DATE OF BURIAL DATE OF BURIAL 2-18-, 1915 ADDRESS
REGISTRAR	M.R. Etchison Jefferson 6 W. Saratoga St., Balto,, Requesting V. S. No. 1

[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully —Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autobusiness, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part of the second statement. Never return "Laborer," cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question "Foreman," "Manager," "Dealer," etc., without more is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Former or Planter, Physi-For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

on statement of cause of death approved by Committee and consequences (c. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, state means of injury and qualify as accidental, surgical operation was undertaken. For violent deaths under the head of "Contributory." (Recommendations head-homicide; Poisoned by earbolic ocid-probably Struck SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Aecidental drowning: etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. cough; Chronic volvular heart disease; Chronic interstitiol ges, peritonneum, etc., Carcinoma, Sarcoma, etc., of on Nomenclature of the American Medical Association.) "PUERPERAL perilonitis," etc. State cause for which birth or miscarriage "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephruis, etc. "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of by railway Always qualify all diseases resulting from child-The contributory (secondary or intercurtrain-accident; Revolver wound of as "PUERPERAL septichaemia," Never report mere "Exhaustion,"



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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No.. .Ward) MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3 SEX 5 SINGLE. 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. Meani WIDOWED, (Month) (Write the word) I HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Dav (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 7.10-Q.m. t day,....hrs. was as follows: OR 7 SOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry. business, or establishment in which employed (or employer) certificate. 9BIRTHPLACE (State or country) 10 NAME OF FATHER (Signed) 6 back PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 6 12 MAIDEN NAME Instructions OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALA, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the " OF MOTHER (State or country) ot death _____ yrs. ___ mos. ___ State Where was disease contracted. 14 THE ABOVE IS TRU If not at piace of death? Former or usual residence (Address)

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

REGISTRAF

20 UNDERTAKER

Ilf death occurred in

a hospital or Institution.

give its NAME instead ot street and number.]

(Day

DATE OF BURIAL

ADDRESS

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. statement. who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when uceded. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question Physician, Compositor, Architect, Locomotive For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indivery important, so that the relative healthful-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons "Laborer," As examples: "Foreman," engincer,

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichacetc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras genital," "Scnile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debllity" ("Conample: Measles (disease causing death), 29 ds.; ralvular heart disease; Chronic interstitial nephritis, aant neoplasms); Mcasles; Whooping cough; Chronic ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertakeu. thenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopucumonia (secondary), 10 ds. affection need not be stated unless important. oma, Sarcoma, ctc., of...... (name origin; "Canis less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations ou statement of State cause for "Exhaustion," Never report For vio-



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Every item of information should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statemen important. See instructions on back of certificate.		GE
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If more blanks are needed, address State Registrar, 6 E. Franklin St., Mito., Requesting V. S. No. 1.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 134

St.; Ward)	[If death occurred lo a hospitol or institution, give its NAME instead of street and number.]
MEDICAL CERTIFICATE OF	DEATH
16 DATE OF DEATH Fol. (Month)	7, 1915 (Day (Year)
17 I HEREBY CERTIFY, That I a Sept. 19, 1914, to + 26 that I last saw h wallve on + 706.	ttended deceased from
and that death occurred on the date stated at the CAUSE OF DEATH* was as follows:	bove, at / . m
Pulmonary Tube	reulosis
Contributory He woftys	yrs. 8 mos. ds.
	yrs mos ds.
*State the DISEASE CAUSING DEATH, or, i CAUSES, state (1) MEANS OF INJURY; and TAL, SUICIDAL, OF HOMICIDAL.	
18 LENGTH OF RESIDENCE (FOR HOSPITALS, IN OR RECENT RESIDENTS) At place In the ot death yrs. 5 mos. 8 ds. State	STITUTIONS, TRANSIENTS, MOS
Former or usual residence 7196. R2 and M.,	
Baltinione, his.	DATE OF BURIAL
00	ADDRESS

Thurmond mel

FULL NAME Michael J. Hauly

1 PLACE OF DEATH

County traderick

PERSONAL AND STATISTICAL PARTICULARS 4 COLOR OR RACE 5 SINGLE. MARRIED, WIDOWED, ORDIVORCED (Write the word) OF BIRTH (Day (Year) If LESS than 1 day hrs. OR min. ? JPATION de, protession, or lar kind of work. neral nature of Industry, or establishment in mployed (or employer) HPLACE ate or country) FATHER BIRTHPLACE OF FATHER (State or country) MAIDEN NAME OF MOTHER BIRTHPLACE OF MOTHER (State or country) Filed Mar 2.

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations duties of the household only (not paid Housekeepers cases, especially in industrial employments, it is necness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive first line will be sufficient, c. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of ago. who have no occupation whatever, write None. been changed or given up on account of the disease material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never Farmer (retired 6 yrs.) For persons return "Laborer," As examples: "Foreman," engineer-

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopnoumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Coutributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory Always qualify all diseases resulting from Measics (disease causing death), 29 ds.; (Recommendations on statement of may be stated under the head of "Convulsions," "Debility" ("Con-(secondary or intercurrent) State cause for Never report



V. S. No. 1.

1 PLACE OF DEATH County Firedorick (1)	2113 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Montevine Roshi Préhard Ha	Registration Dist. No. [If death occurred in a hospital or institution give its NAME lastead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, Durigle MARRIED, WIDOWED, WIDOWED (Write the word)	18 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased fro
Month) (Pay (Year)	Feb. 2, 1915, to Feb 3, 1915
7 AGE If LESS than 1 day,hrs. OR	and that death occurred on the date stated above, at 7
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in	Carlos Callabaras
which employed (or employer) BIRTHPLACE (State or country.) Manyland	Gontributory Parambyranan heplarites
on 11 BIRTHPLACE	(Signed) Bellion yrs mos 7 (Signed) Roll (Address) Tracks of Many
11 BIRTHPLACE OF FATHER (State or country) Germany 12 Maiden NAME OF MOTHER 1 1 DIRTHPLACE OF FATHER OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accide: Tal, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENT OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, d
(Informant) Chick, Rice	Where was disease contracted, If not at place of death? Former or usual residence.
16 7/6, 1915 AM Godinace	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL MI- Carmel M.P. Cenery 20 UNDERTAKER ADDRESS
REGISTRAR	Strar, 6 E. Franklin St., Batto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. eated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on aecount of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, ness of various pursuits can be known. The question Scrvant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) *Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

scpsis, tctanus) may be stated under the head such, if impossible to determine definitely. Examples: mere symptoms or terminal eonditions, such as "Asnant neoplasms); Measles; Whooping cough; Chronic injury, as fracture of skull, and eonsequences (e. g., mia," "Puerreral peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," thenia," "Anaemla" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. etc., when a dcfinite disease can be ascertained as the "Heart fallure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing (Recommendations on statement of death), 29 ds.; "Exhaustion," For vio-



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OCCUPATION IS VERY should state PHYSICIANS RECORD Exact statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH EXACTLY. 5 SINGLE. 4 COLOR OB RACE MARRIED / ORDIVORCED (Write the word) stated DATE OF BIRTH classifled. (Month) (Year) 7 AGE . AGE should properly classi if LESS than 1 day hrs. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. supplied. may be p (b) General nature of industry, business, or establishment in which employed (or employer) certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 0 back PARENTS 11 BIRTHPLACE should OF FATHER (State or count 0 12 MAIDEN NAME See instructions OF MOTHER of Information OF MOTHER (State or country DEATH 14 THE ABOVE OF Important. Every Ite 15 red un-20 UNDERTAKER

REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

Ward)

[if death occurred in a hospital or institution. give its NAME Instead

of street and number.]

DATE OF BEATH	/ely	17	191
***************************************	(Month)	(Day	(Year)
17 I HEREB	Y CERTIFY, That	I attended de	ceased from
Jan 20	1915 to the	ly 17	191.
	T.	2/12	
that I last saw h a	live on	7	191 🗸
and that death occurred	on the date state	d above, at _/	150 A.M
The CAUSE OF DEATH *			
Jackin Cetire	. William	ti	
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P9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9			~ ~ ~ ^ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	· U.	-/cer	*********
	(Duration)	yrs.	mosds
Contributory			
Secondary	e 3	13	
***************************************	(Duration)		mosds
(Signed) FCC	di Mon	line.	. м. о
	1	1	2
	(Address) 13m		Com.
*State the DISEASE (CAUSES, state (1) MEA	ANS OF INJURY: 9	r, in deaths fr	on VIOLEN
TAL, SUICIDAL, OF HOME	ICIDAL.	thu (2) wheth	er Accinen
18 LENGTH OF RESIDEN	CE FOR HOSPITALS	NSTITUTIONS,	TRANSIENTS
At place	in the		4
of death yrs mos	ds. State .	yrs	mos ds
Where was disease contracted, if not at piace of death?	1.	- 5°	
Former or		**********************	
usual residence	************************		************
19 PLACE OF BURIAL OF	RREMOVAL	DATE OF B	URIAL
7 (, /		72.0	

APDRESS

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a defiuite salary), may be entered as Grocery; (a) Foreman, (b) Automobile factory. The applies to each and every person, irrespective of age. ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the nisease For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, "Foreman," the second (b)

Statement of cause of death—Name, first, the disease causing neath (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of.......... (name origin; "Cancer" is less definite; avoid use of "Tumor" for maligsepsis, tetanus), may be stated under the head LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septiehae-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," mere symptoms or terminal conditions, such as "Ascause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent) State cause for Never report For vio-



32 Y.

	1 PLACE OF DEATH	STATE OF MARYLAND
Co	unty hederick	CERTIFICATE OF DEATH
	21 - 2018	Registration Dist. No. 136
Vil	lage or City Thuston Md. (No. Ho	St.; Ward) [If death occur a hospital or inst give Its NAME I of street and num
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 51	EX 4 COLOR OR RACE 5 SINGLE, MARRIED, Thidrians A	16 DATE OF DEATH JUL. 10
7	WIDOWED, ORDIVORCED	(Month) (Day (Y
6 0	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended decease
- 0	aug 28 .829	for 15-, 1915, to 4th. 10,1
	(Month) (Day (Year)	that I last saw ham alive on Au. q
7 A		and that death occurred on the date stated above, at
	93 yrs	The CAUSE OF DEATH* was as follows:
	CCUPATION	Junus Jebilah
) Trade, profession, or rticular kind of work.	30000
	General nature of industry, liness, or establishment in	
whi	ich employed (or employer)	(Ouration) yrsmos
9 _. BI	(State or country) Mont Co, Med.	Secondary
	110	(Ouration) yrs mos.
t	10 NAME OF Melson Burnsid.	(Signed)
S	11 BIRTHPLACE	20.10, 1912 (Address) Sund . 104,
ENT	OF FATHER (State or country)	*State the DISEASE CAUSING DEATH or in deaths from V
ARE	12 MAIDEN NAMBY	CAUSES, state (1) MEANS OF INJURY; and (2) whether Act TAL, SUICIDAL, OF HOMICIDAL.
d	OF MOTHER Mancy faltor	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRAN
	13 BIRTHPLACE OF MOTHER	At place In the
14 -	(State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of deathyrsmosds. Stateyrsmos
T	And the Best of MY KNOWLEDGE	it not at place of death?
	(informant)	usual residence
	(Address)	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIA
15		Molwet Ceruly feby 12,
		20 UNDERTAKER ADDRESS
FI	led, 191	6.8. Clim Frederick?

2115

STATE OF MARYLAND

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE duties of the household only (not paid Housekeepers Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not "Manager," "Dealer," etc., without more precise specifirst line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: of persons engaged in domestic service for wages, as who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the tion is very important, so that the relative healthful-(a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereutsis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERFERAL peritonitis," etc. State cause for elildbirth or miscarriage as "Puerperal septichaeeause. Always qualify all diseases resulting from cte., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) Measles "Senile," etc.), "Dropsy," "Exhanstion," (Recommendations on statement of (disease cansing death), 29 ds.;



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200

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in a hospital or institution. give Its NAME Instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 16 DATE OF DEATH 5 SINGLE. 4 COLOR OR RACE MARRIED Ma 1915: WIDDWED. (Month) (Year) (Write the word) HEREBY CERTIFY. That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH* was as follows: mos.... OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) -----9 BIRTHPLACE (State or country) Contributory. Secondary 10 NAME OF FATHER S 11 BIRTHPLACE , 191.5. (Address). PARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (State or country) 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTE) 13 BIRTHPLACE At place in the OF MOTHER (State or country of death _____ yrs. ____ mos. ____ ds. State _____ yrs, ___ mos. __ Where was disease contracted. If not at place of death?.. Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 1000 - 1910° 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

CAUSING DEATH, state occupation at beginning of iliwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfuily employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulbeen changed or given up on account of the disease mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Nevcr return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

cer" is icss definite; avoid use of "Tumor" for maligvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping eough; Chronic oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skuii, and consequences (e. r. ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably mia," "PUERPERAL peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," incre symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioctc., when a definite disease can be ascertained as the genital," "Senile," etc.), Bronehopneumonia (secondary), 10 ds. "Contributory." (Recommendations on statement or dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Dropsy," "Exhaustion," Never report

If this certificate is looked over thoroughly and alloquestions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURBAUT.

OCCUPATION RECORD ō PERMANENT IS INK UNFADING 0 WITH Instructions plai = DEATH See of Item 9 CAUSE OF

Very

STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. N Ilf death occurred inWard) a hospital or institution. give its NAME lostead of street and number. I MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH 5 SINGLE. 3 SEX 4 COLOR OR RACE MARRIED. (Month) (Day) (Write the word) I HEREBY CERTIFY, That I attended deceased from OF BIRTH (Day) 7 AGE If LESS than and that death occurred on the date stated above, at.... 1 day hrs. OR min. ? 8 OCCUPATION (a) Frade, profession, or particular kind of work. (b) General nature of industry. business, or establishment in (Duration)vrs. mos ds. which employed (or employer) -----Contributory..... 9 BIRTHPLACE (Secondary) (State or country) (Duration)yrs....mos. 10 NAME OF FATHER 11 BIRTHPLACE (Address) ARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At piace in the OF MOTHER (State or country of death _____ yrs. ___ mos. ___ ds. State yrs, mos. ds. Where was disease contracted. If not at place of death?-Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

2412

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Kervant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. minc, etc. statement. material worked on may form part of the second essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative mealthfulwho have no occupation whatever, write None. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as it should be used only when needed. Civil engineer, Stationary freman, etc. But in many Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (g)

losis of lungs, meninges, peritonacum, etc.. Carcinpneumonia"); Lobar pneumonia; Bronchopneumonia "Croup"); Typhoid fever (never report "Typhoid brospinal meningitis"); Diphtheria (avoid use of time and causation), using always the same accepted causing death (the primary affection with respect to fever (the only definite synonym is "Epidemic cereterm for the same disease. ("Pneumonia," unqualified, is indefinite); Tubercu-Statement of cause of death-Name, first, the DISMASE Examples: Ccrebrospinal

> mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 valvular heart disease; Ohronic interstitial nephritis ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage, as "PUERPERAL scptichacetc., when a definite disease can be ascertained as the genital," "Senile," etc.), "Dropsy," "Collapse." "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ver" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of __ Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably hart failure," "Haemorrhage," "Inanition," "Maras-The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent, (name origin; "Can State cause for "Exhaustion," Never report Examples: For VIO-

the certificate is permanently filed. tions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before If this certificate is looked over thoroughly and all ques-



DATE OF BURIAL

V. S. No. 1.

PHYSICIANS should state Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSIGIANS should s CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is Important. See instructions on back of certificate. RECORD PERMANENT WRITE PLAINLY, WITH UNFADING INK-THIS IS A

Very

1 PLACE OF DEATH

County Frederick



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

Registration Distriction Distr

[If death occurred in a hospital or lostitution, give its NAME lostead of street and nomber.]

PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Generale White Single, Single MARRIED, WIDDWED, WIDDWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 1 HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year) 7 AGE If LESS than 1 day,hrs. ORmin.?	that I last saw h alive on A G , 1915, and that death occurred on the date stated above, at 8.00 P m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or smployer) **BIRTHPLACE** (State or country.) Sweeden.	(Duration) ? yrs mos ds. Contributory Education Secondary
10 NAME OF FATHER &O NOT lenow 11 BIRTHPLACE OF FATHER (State or country) Sweeden 12 Maiden NAME	(Signed)
13 BIRTHPLACE OF MOTHER (State or country) (1 "7 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mons. Bettee Boteler	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs mos ds. State yrs mos ds Where was disease contracted, If not at place of death? former or usual residence.
(Address) 22, W. Patrick St. Filed & Leb 1915 Cha J. M. Charles State Regist If more blanks are needed, address State Regist	19 PLACE OF BURIAL OR REMOVAL Middletown Mod Fleb 9, 1916 20 UNDERTAKER ADDRESS Thomas F. Roice Fired exists

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease of persons engaged in domestic service for wages, as Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: the nature of the business or industry, and therefore an eases, especially in industrial employments, it is nee-Civil engineer, Stationary Arcman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—In the primary affection with respect to the and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercu-lesis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of.......... (name origin; "Caneer" is less definite; avoid use of "Tumor" for mailgmia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichacmus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inaultion," "Marasthenia," "Anaemia" (merely symptomatle), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. valvular heart disease; Chronic interstitial nephritis. eause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head "Contributory." (Recommendations on statement injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. Aecidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as ete, when a definite disease can be ascertained as the "Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: which surgical operation was undertaken. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease eausing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," The nature of the "Exhaustion," Never report For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BECEIVED

MAR 5 1915

BUREAU. V.S.

V. S. No. 1.

RECORD	PHYSICIANS should state t of OCCUPATION is very
THE STATE OF THE S	N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PLACE OF DEATH County Frederick	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No	
Village or City Freelevech (No./37, -	N. Marchet St.; 3 Ward) Rounkel. [If death occurred is a hospital or lostitution, give its NAME instead of street and nomber.]	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Gernale White (Write the word)	16 DATE OF DEATH Seb 24, 1915 (Month) (Day (Year)	
6 DATE OF BIRTH Que 18 , 1835' (Month) (Day (Year)	HEREBY CERTIFY. That I attended deceased from Jacy 5 d., 1915, to Feb 2 2 d., 1918. that I last saw h & alive on Feb 2 d., 1918.	
TAGE 1 LESS than 1 day,hrs. OR. min.?	and that death occurred on the date stated above, at 52/3 Am. The CAUSE OF DEATH* was as follows: Attack of Cleaning	
(a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer)	(Duration) Z yrs Z mos Z ds.	
9 BIRTHPLACE (State or country) 10 NAME OF	Contributory Secondary (Doradgn) / yrs / mos ds.	
11 BIRTHER Olive Herikel	(Signed) Sawfuln Jerson, M. D. 2/29, 1945 (Address) Frederick 110 a	
12 MAIDEN NAME . OF MOTHER Elizabeth Baker	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS)	
13 BIRTHPLACE OF MOTHER (State or country) Moargland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place In the of deathyrsmosds. Stateyrs,mosds Where was disease contracted,	
(informant) Strong 6, Heunkel	If not at place of death?————————————————————————————————————	
(Address) 151, N. Mearket St.	19 PLACE OF BURIAL OR REMOVAL Mot Olivet Freb 26, 1915 20 UNDERTAKER ADDRESS	
Filed 4 1919 Class Flagger 1919 Registrate Porting	Thomas P. Rice Frederick.	

Rogistrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. been changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as mine, etc. Grocery; (a) Foreman, (b) Automobile factory. The (a) Spinner, (b) Cotton mill; (a) Salcsman, Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Auaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-"Contributory." scpsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Mcdical Association.) Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: which surgical operation was undertaken. cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," Never report

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Dr. Dr. C. Johnson,



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vi

state CERTIFICATE OF DEATH should ion is Registration Dist. No. OCCUPATION Ward) RECORD MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS FNI 16 DATE OF DEATH 5 SINGLE. SSEX 4 COLOR OR RACE MARRIED, Marriel PERMAN WIDDWED, (Month) (Write the word) I HEREBY CERTIFY, That I attended deceased from 17 6 DATE OF BIRTH ciassified. (Year) (Month) (Day) ff LESS than 7 AGE and that death occurred on the date stated above, at P 1 day hrs. roperly GE BOCCUPATION (a) Trade, profession, or particular kind of work d supplied. (b) General nature of industry, pe business, or establishment in O (Duration) may which employed (or employer) Contributory. 9 BIRTHPLACE (State or country) (Secondary) carefully = (Durati 10 NAME OF FATHER (Signed) 90 back , 191 (Address) 11 BIRTHPLACE ENT rms, OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-TAL, SUICIDAL, OF HOMICIDAL. 2 12 MAIDEN NAME plain OF MOTHER instructions 18 LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE C At place In the OF MOTHER of death State yrs. Yrs. ... mos. ds. ATH Where was disease contracted. 14 THE ABOVE IS TRUE OF KNOWDEDGE If not at place of death? of DE Former or item OF usual residence important. 19 PLACE OF BURIAL OR Every I 15 20 0 ż

1 PLACE OF DEATH

If more blanks are needed, address State Regis trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

I'lf death occurred in

a hospital or institution.

give its NAME instead of street and number. 1

DATE OF BURIAL

ADDRESS



[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second Groeery; (a) Foreman, (b) Automobile factory. it should be used only when necded. additional line is provided for the latter statement; the nature of the business or industry; and therefore an Physician, Compositor, Architect, Locomotive engineer who have no occupation whatever, write None. been changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age ness of various pursuits can be known. The question tion is very important, so that the relative wealthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," As examples: For persons (6)

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic corebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carein-

injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Potsoned such, if impossible to determine definitely. which surgical operation was undertaken. For vio childbirth or miscarriage. as "Purerreal scotichaemus," "Old Age," "Shock." "Traemia," "Weakness," ample: Meastes (disease causing death), 29 cause of death approved by Committee on Nomencla scpsis, tctanus) may be stated under the head by carbolic acid-probably suicide. The nature of the LENT DEATHS State MEANS OF INJUSY and qualify as mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the "Hart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As Bronchopncumonia (secondary), 10 ds. Never report affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) "Contributory." Accidental drowning; Struck by railway train—acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably valvular heart disease; Chronic interstitial nephritis zer" is less definite; avoid use of "Tumor" for malig oma. Sarcoma. etc., of _ The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," _ (name origin; "Can-State cause for Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 5 1915 BUREAU, V.S.

of OCCUPATION IS

PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement PERMANENT AGE should be stated EXACTLY. WITH UNFADING INK-THIS carefully supplied. See instructions on back of certificate.

CAUSE OF Important.

m ż PLACE OF DEATH



2121 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 13/

Firedericle (No. 732, N. Moarket St.; 4 Ward)

[if death occurred is a hospital or Institution give its NAME instead of street and number.]

FULL NAME Harry Me.	Eagran
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX COLOR OR RAGE Single, Single MARRIED, WIDOWED, OR DIVORCED (IN rite the word) 8 DATE OF BIRTH (Month) (Day (Year) 7 AGE If LESS than 1 day, hrs.	16 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from 17 that I last saw have alive on Tele-18 and that death occurred on the date stated above, at 9-307m. The CAUSE OF DEATH* was as follows:
yrs mos ds or min. ? OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in	Onemonia 3
which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER Carry Mo, Cayman 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 12 MAIDEN NAME OF MOTHER	(Signed) (Duration) yrs mos ds. Contributory Lawring Lawring Means of Indury and (2) whether Accidentally Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) Maryland 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Carry M. Cayman	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos, ds. State yrs, mos, ds Where was disease contracted, If not at place of death? Former or usual residence
(Address) 73 2. N. Mo as het St. Filed / 7 Feb. 1910 day 9. M. Company PEGG TRANS If more blanks are needed address State Register.	19 PLACE OF BURIAL OR REMOVAL Mot. Pleut Cem. Teb 17, 1915 20 UNDERTAKER ADDRESS Thomas P. Touch Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

essary to know (a) the kind of work and also (b) Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite saiary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Never return "Laborer," "Foreman," material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Farmer (retired 6 yrs.) For persons (b)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, pertionaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of "Tumor" for maligmia," "Tuerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaemus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of dcath approved by Committee on Nomencla-"Contributory." sepsis, tctanus) may be stated under the head injury, as fracture of skuil, and consequences (e. g., by carbolic acid-probably suicidc. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Coliapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," The nature of the Never report

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Dr. B. O. Monas

MAR 5 1915
BUREAU, V.S.

1 PLACE OF DEATH

Registration Dist. No. of OCCUPATION If death occurred inWard) a hospital or institution. give its NAME instead of street and number.] statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX S SINGLE, 4 COLOR OR RACE MARRIED. WIDOWED, (Write the word) Y, That I attended deceased from DATE OF BIRTH (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above. 1 day,....hrs. The CAUSE OF DEATH* was as follows: OR 7 Wac Car properly BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) Contributory. Secondary 9 BIRTHPLACE (State or country) 10 NAME OF 191 S. (Address) ARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIPENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER piai 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTE OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country of death _____ yrs. ____ mos. ___ ds. State _____ yrs. Where was diseasa contracted. if not at place of death? Every Item CAUSE OF Important. usual residence RATE OF BURIAL 16 ADDRESS REGISTRAR If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

STATE OF MARYLAND

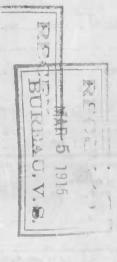
CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question been changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) additional line is provided for the latter statement; tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," The

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcisis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for malig-LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Puerperal septichaecause. Always qualify all diseases resulting from ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, oma, Sarcoma, etc., of...... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably The contributory (Recommendations on statement of (secondary or intercurrent)



RECORD

PERMANENT

4

Filed & Feb., 1915 0

should state	1 PLACE OF DEATH Gounty Firedirich (4)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 23/
PHYSICIANS SP	Village or Gity Frederick (No. 112,	give Its NAME Instead
r. ent	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL GERTIFICATE OF DEATH
EXACTL)	3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ON indowed Write the word)	10 DATE OF DEATH Greb (Month) (Day (Year)
e stated led. Exac	6 DATE OF BIRTH (Month) (Day (Year)	that I last saw here alive on Sile. 6, 1915.
E should berly classiff	7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at 688 Pm. The GAUSE OF DEATH; was as follows:
d. AG	(a) Trade, profession, or House Wife (b) General nature of Industry,	pe uno sceroses
ay b	business, or establishment in which employed (or employer)	(Ofration) 3 As * mos. * fos.
that it m certificate.	9 Birthplace (State or country) Maryland	Contributory Olribral Klimorrhog Secondary (Ooration) Pyrs x Mos 2 hour
be care , so the k of cer	10 NAME OF FATHER James Ho, Gambrill	(Signed) M. Amick, M. D.
should n terms	11 BIRTHPLACE OFFATHER (State or country) 12 MAIDEN NAME OF MOTHER	*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
ormation H in plai structions	13 BIRTHPLACE OF MOTHER (State or country) Maryland	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds
or of information of the second	14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Intermant) Mors. J. Poole jornes	Where was disease contracted, If not at place of death? Former or usoal residence
Every Ite CAUSE Importan	(Address) Court St.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Alt. Olivet Cen Fiel 8, 1915

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

20 UNDERTAKER

[Approved by U. S. Census and American Public Health Association.]

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MAR 5 1915
BURBAU, V.S.

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PHYSICIANS should of OCCUPATION IS RECORD statement PERMANENT EXACTLY. B properly INK supplied. pe may certificate. that 20 50 pe back terms, 0 plain instructions 2 DEATH inf 0 OF Every Item CAUSE OF Important.

state Very

2124 STATE OF MARYLAND PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Lif death occurred in a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX SSINGLE, Lung 4 COLOR OR RACE DATE OF DEATH WIDOWED. (Month) (Year) ORDIVDRCED (Write the word) I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH 101 4 101 1914 (Month) (Day (Year) 7 AGE if LESS than and that death occurred on the date stated above, at. f day,hrs. The CAUSE OF DEATH* was as follows: 5 mos. OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in mos & de (Duration) which employed (or employer) Contributory. 9 BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDEN-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL, OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER (State or country) of death _____ yrs. ____ mos. ____ ds. State _____ yrs. ____ mos. Where was disease contracted. If not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 15 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons duties of the household only (not paid Housekeepers cases, especially in industrial employments, it is necwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic ccrebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

oma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of "Tumor" for maligvalvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tetanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the Bronchopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), (Recommendations on statement of may be stated under the head "Dropsy," "Exhaustion," For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

WAR 5 1915

supplied. AGE should be stated EXACTLY. PHYSICIANS should state may be properly classified. Exact statement of OCCUPATION is very RECORD PERMANENT PLAINLY, WITH UNFADING INK-THIS IS carefully supplied. DEATH in piain terms, so that it m See instructions on back of certificate. of information should be WRITE N. B.—Every item CAUSE OF important.

2125 STATE OF MARYLAND CERTIFICATE OF DEATH

Registration	Dist.	No.	14-9
Megiatiation	D134,	110	

....Ward)

[If death occurred la a hospital or Institution, give its NAME Instead of street and number.]

1 PLACE OF DEATH

*FULL NAMEOUN (MOMOS, O.)	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED WIDDWED MARRIED ORDIVORED (Write the word)	16 DATE OF DEATH HELDICALLY 27, 1915 (Month) (Day (Year) 17 I hereby Certify, That I attended deceased from
DATE OF BIRTH (Month) (Day (Year)	
7 AGE 11 LESS than t day,hrs. ORmin.?	and that desth occurred on the date stated above, at
(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in	Solia growd Newralpia of heart, as Bleamed he had hed one or trave lattered by form
9 BIRTHPLACE (State or country) (State or country)	Gontributory Secondary (Duration) yrs mos ds
10 NAME OF FATHER LEUTS P. Miller, 11 BIRTHPLACE OF FATHER (State or country) Mary Land, 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) & Dhy hrows, M. D. Marsh 1915 (Address) Lewiston Md.
	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAD.
13 BIRTHPLACE OF MOTHER (State or country) Masy Sing	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place of death yrs mos ds. State yrs mos ds Where was disease contracted,
(Information of the Best of My Knowledge	If not at place of death?————————————————————————————————————
15 Meh 1st, 191.5 Anyone & Swole	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 ONDERTAKER ADDRESS
REGISTRAR	M. L. Orlager, dhuman h

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

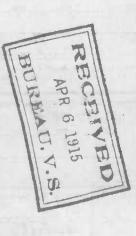
V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulfirst line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

cause. Always qualify all diseases resulting from ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aecidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Marasgenital," "Senilc," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (mcrely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. ample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) (Recommendations on statement of Never report For vio-



MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

V. S. No. 1.

PLACE OF DEATH County Fracciences (3)	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist, No. 13/
	Mospital St.; 3 Ward) [it death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Frenche White Single, Married Wilowed, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year) 17 O I HEREBY CERTIFY, That I attended deceased from
Month (Day (Year)	Jany 20, 1915 to Jerry 25, 1915 that I last saw he allve on July 24, 1915
TAGE It LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at 2,45° Protection of the CAUSE OF DEATH* was as follows:
(a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country)	Contributory Aufen fyres car Secondary (Duration) yrs. mos 21 d
11 BIRTHPLACE OF FATHER (State or country) Manyland 12 MAIDEN NAME OF MOTHER OT MOTHER	(Signed) Unavers 7. Gradue M. 1 126, 1915 (Address) Induction Mod *State the Disease Causing Death, or, in deaths from Violen Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) (Informant)	At place of death O. yrs mos ds. State
16 Filed Feb. 1915 Jan J. Mc Comes	19 PLACE OF BURIAL OR REMOVAL Mot. Olived Com Fiel 27, 1915 20 UNDERTAKER ADDRESS
If more blanks are needed, address State Register	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

2126

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberoulests of lunds, meninges, peritonaeum, etc., Carcin-

injury, as fracture of skull, and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of childbirth or miscarriage as "Puerperal septichacby earbolic acid-probably suicide. The nature of the mia," "Puerperal peritonitis," etc. State cause for etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conincre symptoms or terminai conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, aant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. thenia," "Anacmia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. Never report dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Aiways qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," ctc.), "Dropsy," "Exhaustion," For vio-

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BURHAU, V.S.

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PLACE OF DEATH	
County Frederick	(28)
Village or City State Danofe	rum,

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 139

St.; Ward)

[If death occurred to a hospital or institution, give its NAME Instead of street and number.]

FULL NAME Mobel E. Moran	give its name instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Temole White Single, Married, Wioowed, ORDIVORCED (Write the word)	16 DATE OF DEATH Th. 19 1915 (Month) (Day (Year) 17 I HEREBY CERTIFY. That I attended deceased from
May 28 , 1879 (Montil) (Day (Year) 7 AGE It LESS than	that I last saw h & alive on Feb. 19, 1915, and that death occurred on the date stated above, at 8,55P. m.
35 yrs 8 mos 2/ds or min.? BOCCUPATION (a) Trade, protession, or particular kind of work. (b) General nature of industry, business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Maryland,	The CAUSE OF DEATH* was as follows: Pulmorrony & Jorgane Contributory Cardine + ailure Secondary (Duration) yrs. 3 mos. ds. (Signed) H. Howard Jesgel M. D.
11 BIRTHPLACE OF FATHER (State or country) Maryland. 12 MAIDEN NAME OF MOTHER Faura atkinson 13 BIRTHPLACE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place
OF MOTHER (State or country) Maryland. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) N. A. Hardver. (Address) Statt Danstomm, Ind.	of death yrs. mos. ds. State yrs. mos. ds Where was disease contracted, lune or if not at piace of death? Former or usual residence 1623 appleton of, Bolto hod. 19 PLACE OF BURIAL OR REMOVAL Collinse, hod., 1915
Filed Man, & 1812's O. M. Sleve REGISTRAR	M. S. Clerger Thornand med

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has should be taken to report specifically the occupations duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Mauager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of agc. tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite syuonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopheumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

naut neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. nus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgeuital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Couvulsions," "Debility" ("Contheuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal couditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; may be stated under the head of (Recommendations on statement of The nature of the State cause for



WRITE

V. S. No. 1.

CAUSE OF Important.

of OCCUPATION IS very Exact statement properly classified. certificate.

RECORD PERMANENT EXACTLY. stated UNFADING INK-THIS IS AGE carefully supplied. PLAINLY, WITH

PHYSICIANS should state

DEATH in plain terms, so See instructions on back of

1 PLACE OF DEATH

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 131

Frederick (No. 321, E. Church St.; 2 Ward)

[If death occurred in a hospital or Institution, give its NAME lostead of street and nomber.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 s	exacle Maulatto (Write the word)	16 DATE OF DEATH Greb (Month) (Day (Year) 17/ I HEREBY CERTIFY. That I attended deceased from
6 D	ATE OF BIRTH	Jan. 1 1915, to Feb. 1915.
7 A	(Month) (Day (Year)	that I last saw h La alive on July 1915
	f day,hrs.	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a pa (b) bus	yrs mos ds or min.? CCUPATION Trade, profession, or House Wife reflects Beneral nature of Industry, iness, or establishment in ich employed (or employer)	Fritral requirgitation (Doration) 3 yrs × mos × ds.
	(State or country) Maryland 10 NAME OF	Contributory acute silatation fear, secondary (Boratley) × yrs of mos 3 ds.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 200 and know 12 MAIDEN NAME	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
PA	OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 77 77 77	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place lo the of death yrs, mos, ds. State yrs, mos, ds
	(Informant) The Best of MY KNOWLEDGE	Where was disease contracted, If not at place of death?————————————————————————————————————
16 FII	ed Feb. 1915 Cha J. Malandy	19 PLACE OF BURIAL OR REMOVAL St. John's Com Feb 4, 1915! 20 UNDERTAKER ADDRESS Thomas F. Rice Frederick

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of Ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or Industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indl-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin

mia," "Puerperal peritonitie," etc. State cause for childbirth or miscarriage as "Puerperal septiehaevalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Cancause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., scpsis, tctanus) may be stated under the head of ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. ture of the American Medical Association.) by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if Impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vio-"Contributory." The contributory (secondary or Intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," ctc.), (Recommendations on statement of "Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

or W.M. Smith

BUREAU, V. S.

pinous OCCUPATION IS PHYSICIANS RECORD PERMANENT classified. 4 INK-THIS properly AGE supplied pe UNFADING may certificate. 0 back uo plain Instructions Information = DEATH See jo Item OF mportant. Every It

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registered No. Tif death occurred in Village or City ...Ward) a hospital or lostitutice. give its NAME lostead of street and number. ? MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 16 DATE OF DEATH S SINGLE. SEX 4 COLOR OR RACE MARRIED WHOOWED. (Month) (Day) Write the word I HEREBY CERTIFY. That I attended deceased from 6 DATE OF BIRTH (Month) (Day) (Year) If LESS than TAGE and that death occurred on the date stated above, at ... 1 day,hrs. The CAUSE OF DEATH * was as follows: OR min. ? BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment io which employed (or employer) Contributory. State or country) (Secondary) 10 NAME OF FATHER (Signed) S (Address) 11 BIRTHPLACE Z OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT AREI CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 12 MAIDEN NAME OF MOTHER 0 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place in the OF MOTHER ot death yrs. mos. State yrs, ____ (State or country Where was disease contracted. it out at place of death?. Former or usual residence. 19 PLACE OF BURNA OF BURIAL 20 UNDERTAKER If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers the nature of the business or industry, and therefore an For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dcaler," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," (b) Cotton mill; (a) Salesman, (b) As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cercbrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopncumonia ("Fneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

injury, as fracture of skull, and consequences (e. g. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railroay train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for cbildbirth or miscarriage, as "Puenperal septichaeetc., when a definite disease can be ascertained as the inus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopneumonia (secondary), 10 ds. ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. nant neoplasms); Measles; Whooping cough; Chronio mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis. The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of may be stated under the head The nature of the Never report



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MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT R	Every Item of information should be carefully supplied. AGE should be stated EXACTLY. PI CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of important. See instructions on back of certificate.
2	9	pplie ty b
RESE	UNFADIR	carefully sur that it ma certificate.
MARGIN	VRITE PLAINLY, WITH	Every Item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.
1.	^	USE O
Vo. 1.		CA

OFFATHER (State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE

(Address) ...

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OF MOTHER (State or country)

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2130 1 PLACE OF DEATH STATE OF MARYLAND rederies CERTIFICATE OF DEATH Registration Dist. No. I'l death occurred in St.:....Ward) a hospital or Institution. give its NAME Instead of street and number. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. Sincle DATE OF DEATH MARRIED, WIDOWED. ORDIVORCED (Write the word) (Month) (Day I HEREBY CERTIFY, That I affended deceased from (Month) (Year) TAGE If LESS than and that death occurred on the date stated above, at #day. 3 hrs. OR min. ? ---- yrs......ds. BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in which employed (or employer) BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF (Signed ARENTS 11 BIRTHPLACE . 191 4. .. (Address)

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,

REGISTRAR

1de	19
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PLACE OF BURIAL OR REMOVAL

of death _____ yrs. ____ mos. ___ ds.

OR RECENT RESIDENTS)

Where was disease contracted. If not at place of death?.

DATE OF BURIAL

ADDRESS

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.

in the

State

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

At place

Former or usual residence

[Approved by U. S. Census and American Public Health Association.]

cated thus: duties of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-(a) Spinner, (b) Cotton mill; (a) Salesman, essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But iu many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) "Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

ture of the American Medical Association. cause of death approved by Committee on Nomenclascpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: LENT DEATHS state MEANS OF INJURY and qualify as mia," "Puerperal peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," theuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asnant neopiasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the "Heart failurc," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligdent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acciwhich surgical operation was undertaken. affection need not be stated unless important. The contributory (secondary or intercurrent) Always qualify all diseases resulting from Mcasics (disease causing "Senile," etc.), "Dropsy," (Recommendations on statement of death), 29 ds.; "Exhaustion," For Vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

RECORD

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25	PLACE OF DEATH	STATE OF MARYLAND
sta s ve	County braderick	CERTIFICATE OF DEATH
should ION I	(2	Registration Dist. No. 148
HYSICIANS &	Village or City Unionville (No	St.; Ward) [if death occurred is a hospital or iostitutioe, give its NAME instead of street and nomber.]
ent P	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
EXACTL)	Male White Single, Married, Ma	16 DATE OF DEATH Jely 26, 191 (Month) (Day (Year)
d. Exact	May 2 1/24, 1868 (Month) (Day (Year)	that I last saw have all we on Fele, 21 et. 1915.
should be	7 AGE (Month) (Day (Year) 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 2,38 P. m. The CAUSE OF DEATH* was as follows:
Proper	OCCUPATION (a) Trade, profession, or particular kind of work.	- Waterous Libredous
lay be	(b) General nature of Industry, business, or establishment in which employed (or employer)	(Ouration) 2 yrs mos ds.
at it metificate	9 BIRTHPLACE (State or country) Maryland.	Secondary (Doration) yrs. mos ds.
so the	10 NAME OF John Poole	(Signed) of J. Court , M. D.
terms, n back	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 17 MOTHER 18 MOTHER 19 MOTHER	*State the DISEASE CAUSING DEATH, or, in death from VIOLENT
lon sh plain t	of MOTHER Malissa Garren	*State the DISEASE CAUSING DEATH, or, in death from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) Whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
format FH in	13 BIRTHPLACE OF MOTHER (State or country) Manyland,	At place of death yrs, mos ds. State yrs, mos, ds
F DEAT	(Informant) Wallie G. Poole,	Where was disease contracted, if not at place of death?————————————————————————————————————
bry iter	P.J. (Address) 3. New Windson Mrd.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL Wards 1 24
CA	- 7-624 WALLES	20 UNDERTAKER

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as dutics of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an ness of various pursuits can be known. The question cated thus: Farmer (retired 6 yrs.) For persons statement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the nisease material worked on may form part of the second additional line is provided for the latter statement; Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never rcturn "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing definite synonym is "Epidemic cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercucsis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaethenia," "Anacmia" (merely symptomatic), "Atrophy," valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Cancause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICINAL, OF as probably which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," "Uracmia," "Weakness," "Heart failurc," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. ture of the American Medical Association.) dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as Bronchopneumonia (secondary), 10 ds. Never report by carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for malig-The contributory Always qualify all diseases resulting from Measles (discase causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion, (Recommendations on statement of (secondary or intercurrent)



certificate.

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CAUSE OF Important, S

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1 PLACE OF DEATH

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STATE OF MARYLAND

illage or City Pelesonels (No. 1)	CERTIFICATE OF DEATH Registration Dist. No. 14/ St.; Ward) [if death occurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, MARRIED,	MEDICAL CERTIFICATE OF DEATH
June What wrower, and words DATE OF BIRTH The 20 gas (Month) (Day (Year) AGE	(Month) (Day (Year) I HEREBY CERTIFY, That I attended deceased from 1910, to 726 20 , 1910) that I last saw hum alive on 726 24 , 1901
occupation (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in	and that death occurred on the date stated above, at 2.56 /m. The CAUSE OF DEATH* was as follows:
which employed (or employer) BIRTHPLACE (State or country)	Contributory Secondary Ouration Ouration Ouration yrs mos ds.
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 14 BIRTHPLACE OF MOTHER (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) Af place In the
(Informant) Pulsarele. Ma	of deathyrs mos ds. Stateyrs mos ds Where was disease contracted, If not at place of death? Former or Usual residence. 19 PLACE OF BURIAL OR REMOVAL Fig. 26, 1915
Filed +a625, 1915 Com Most	20 UNDERTAKER ADDRESS ALLOW

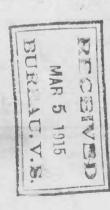
If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. valvular heart discase; Chronic interstitial nephritis cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomenclascpsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichacetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronchopnoumonia (secondary), 10 ds. Never report Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Scnile," etc.), "Dropsy," "Exhaustion,"



N. B.

S. No. 1.

-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

County

Village or City.

PLACE OF DEATH		
Frederick		The second second
J / accord		12
H. +, 1	/	

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No....

St.;....Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number.]

	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SE	12 4 COLOR OR RACE SINGLE, MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH + 16 , 1915 (Month) (Day (Year)
8 DA	TE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	Feb. 15 1884	Dec. 17, 1914, to 7 26.16 , 1915,
	(Month) (Day (Year)	that I last saw h we allve on tel. 15, 1915
7 AG		and that death occurred on the date stated above, at 2,004
	3/ yrs 0 mos / ds OR min.?	The CAUSE OF DEATH* was as follows:
	CUPATION	francisco de la constantina della constantina de
	Trade, profession, or licular kind of work / rue kev.	Tuberculoss
120	General nature of Industry,	Interculosis
bush	ness, or establishment in	(Duration) yrs 5 mos ds.
	h employed (or employer)	Contributory Eshous lign
BI	(State or country) Maryland,	Secondary (Doration) yrs mos ds.
	10 NAME OF LEOIGE W. Ritter	(Signed) W. Howard Leager, M. D.
NTS	11 BIRTHPLACE OF FATHER (State or country) Mary land,	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
ARE	12 MAIDEN NAME	TAL, SUICIDAL, or HOMICIDAL.
4	13 BIRTHPLACE OF MOTHER (State or country) Maryland,	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs, mos ds. State yrs, mos ds
	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, link now,
(Informant) M. a. Garduer.	Former or usual residence 1323 E. Eager My Ballon Mid.
	(Address) State Vanslorum, md	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 File	Deb 27 1915. Cat Stews	Ballimore, had ? ,1915.
	REGISTRAR	M. L. Crea ger, Thurmont, and



[Approved by U. S. Census and American Public Health Association.]

tlon is very important, so that the relative healthfulof persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman," (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic childbirth or miscarriage as "Puerperal septichaeetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds.; affectiou need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canscpsis, tetanus) may be stated under the head of such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senilc," etc.), "Dropsy," "Exhaustiou," Bronchopneumonia (secondary), 10 ds. injnry, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-The contributory (secondary or intercurrent) Always qualify all diseases resulting from (Recommendations on statement of State cause for Never report



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/	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
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No. 1.		Every item of information should be carefully supplied. CAUSE OF DEATH in plain terms, so that it may be important. See instructions on back of certificate.
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N. B.

1 PLACE OF DEATH	STATE OF MARYLAND CERTIFICATE OF DEATH
County Trederick 5	Registration Dist, No. 131
VIIIage or City Frederice (No Arling 2FULL NAME John J. Rothenk	Total (Staffs) Ward) [If death occurred in a hospital or institution give its NAME instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Wale White (Write the word)	16 DATE OF OEATH February /2 , 1915 Month) (Day) (Year) 17 I HEREBY CERTIFY. That Lattended decreased from
GOATE OF BIRTH February 12, 1915 (Mostle) (Day) (Year)	17 I HEREBY CERTIFY, That I attended deceased from Saw fun, 194 death that I last saw h
7 AGE If LESS than t day,hrs. ORmin.?	and that death occurred on the date stated above, at
*OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry,	Acoholic Toisoning
business, or establishment in which amployed (or amployer) BIRTHPLACE (State or country) Finderick to Md	Gontributory Expansion (Secondary)
on 11 BIRTHOLACE	(Signed) Perry & Fahrung M. D. 133 , 1915 (Address) Trefining Ud
OF FRATHER (State or country) Trederick lolly 12 MAIOEN NAME OF MOTHER M & MCA. ! L.	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country) Frederick & Md	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) At place In the of death yrs, mos. ds. State yrs, mos, ds Where was disease contracted,
(intermant) awrence Nothenholps	If not at place of death? Former or usual residence.
(Address) a Fansmille Ald 16 Filed Feb. 14, 1915 Is a J. McCeerdey	19 PLACE OF BURIAL OR REMOVAL Seby 15 , 1915 20 UNDERTAKER A ODRESS
Filed V. J. 1910 Par D. REGISTRAR If more blanks are needed, address State Regis trar, 6	M & Creager Thurmont Md

[Approved by U. S. Census and American Public Health
Association.]

cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illduties of the household only (not pald Housekeepers fication, as Day laborer, Farm laborer, Laborer-('oal (a) Spinner, (b) Cotton mill; (a) Salesman, Grocery; (a) Foreman, (b) Automobile factory. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary freman, etc. But in many who have no occupation whatever, write None. been changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. As examples: essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question material worked on may form part of the second For many occupations a single word or term on the tion is very important, so that the relative Mealthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman," (0)

Statement of cause of death—Name, first, the disease oausino death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cere-brospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid denumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of "Contributory." (Recommendations on statement of injury, as fracture of skull, and consequences (e. by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Potsoned Accidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgleai operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as etc., when a definite disease can be ascertained as the -Hart failure," "Haemorrhage," "Inanition," "Maras "Collapse." "Coma," "Convulsions," "Debility" ("Conthonla," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.: affection need not be stated unless important. valvular heart disease; Chronic interstitlal nephritis nant neopiasms); Measles; Whooping cough; Chronic ter" is less definite; avoid use of "Tumor" for mails oma. Sarcoma. etc., of The contributory (secondary or Intercurrent) "Old Agc," "Shock," 'Traemia," "Weakness," Always qualify all diseases resulting from "Senile." etc.), "Dropsy," "PURREMAL septichae. (name origin; "Can-"Exhaustion," Never report Examples:

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

MAR 5 1915 BURHAU. V.S.

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		-Every item of information should be carefully supplied. AGE should be stated EXACILY. PHYSIGIANS should state GAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very
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See instructions on back of certificate.

Important.

1 PLACE OF DEATH County Frederick Village or City State Lancatossium

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

[It death occurred in a hospital or institution,

/ furmont, mid

FULL NAME Mary agnes Rus	give its AAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Journall White Single, MARRIED, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH # Of . , 1915 (Month) (Day (Year)
6 DATE OF BIRTH Nov. 21, 1887 (Month) (Day (Year)	that I last saw h 2 alive on 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
7 AGE 27 yrs 3 mos 6s or min.?	and that death occurred on the date stated above, at 10:35P, m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of Industry,	Fulmonary Puberculosis
business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Transl Care	Contributory & xhaushou Secondary (Doration) yrs mos ds
10 NAME OF FATHER John G. Russell. 11 BIRTHPLACE OF FATHER (State or country) Maryland.	(Signed) N. Howard Georges, M. D. Fel 7, 1913 (Address) State Danotonum In
12 MAIDEN NAME OF MOTHER Sucy Herbert, 13 BIRTHPLACE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OR HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place
(State or country) Maryland. 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) M. A. Sarduld.	of death yrs. 2 mos. 3 ds. State yrs. mos. ds Where was disease contracted, line at place of death? Former or usual residence 107 Howley ave. Bollo, Mo
16 Filed Mar. 2 1915. Ch Stern	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL PROPERTY ADDRESS ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

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[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is necness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.) For persons Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcists of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, totanus) may be stated under the head of lnjury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report



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2136 STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. Ilf death occurred in .Ward) a hospital or institution. give its NAME instead of street and number.] PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE. 4 COLOR OR RACE DATE OF DEATH MARRIED, WIDOWED. (Day (Month) (Write the word) I HEREBY CERTIFY. That I attended deceased from (Month) (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at_____ t day,....hrs. The CAUSE OF DEATH* was as follows: OR min. ?ds. 8 OCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) Contributory BIRTHPLACE Secondary (State or country) 10 NAME OF FATHER 11 BIRTHPLACE 1915... (Address) ARENT OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. 12 MAIDEN NAME OF MOTHER 1 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) 13 BIRTHPLACE At place In the OF MOTHER of death _____ yrs. ____ mos. ___ ds. (State or country) State yrs. mos. ... Where was disease contracted. If not at place of death?..... Former or usual residence..... 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 16 20 UNDERTAKER ADDRESS

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cated thus: been changed or given up on account of the disease should be taken to report specifically in occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cssary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the of persons engaged in domestic service Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal Grocery; (a) Foreman, (b) Automobile factory. The For many occupations a single word or term on the who receive a definite salary), may be entered as Statement of occupation-Precise statement of occupa Spinner, If retired from but thus: Farmer (r Never return "Laborer," (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) that fact may be indi-d 6 yrs.) For persons for wages, as capation has "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Can injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichae etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Mcastes (disease causing death), 29 ds.; affection need not be stated unless important. ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: is less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of



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MARGIN RESERVED FOR BINDING	WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT REC	Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYS CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of 0 important. See instructions on back of certificate.
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1 PLACE OF DEATH

County In Ed Eriel 60

Filed 7eb 8tt, 1915 - (1)

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No

St.;.....Ward)

[if death occurred in a hospital or Institution,

ADDRESS

2 FULL NAME Saldy Q Sing	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Je Mal While Single, Single, WIDOWED, ORDIVORCED (Write the word)	18 DATE OF DEATH (Month) (Day (Year) 17 I HEREBY CERTIFY, That attended deceased from
B DATE OF BIRTH (Month) (Day (Year)	that I last saw h alive on Tele In [1915]
7 AGE It LESS than 1 day, hrs. OR min. ?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work	S.A. S. Callins
business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country) **DIRTHPLACE** (State or country)	Contributory Secondary
10 NAME OF FATHER CARRY SINES 11 BIRTHPLACE OF FATHER (State or country) Frederick 60 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) SES A CAUSING DISTRICT OF THE VIOLENT
13 BIRTHPLACE OF MOTHER (State or country) 12 MAIDEN NAME OF MOTHER (State or country) 13 EAEriest 60	CAUSES, state (1) MEANS OF INDICATE WILLIAM COLDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of deathyrs,mosds
14 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Middle Town	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciwho have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as mine, etc. fication as Day laborer, Farm laborer, Laborer statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional live is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persous (b) Cotton mill; (a) Salesman, "Laborer," As examples: "Foreman," (6)

Statement of cause of death—Name, first, the disease causing dearn (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synouym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carein-

cause of death approved by Committee on Nomenclaby carbolic acid-probably suicide. The nature of the LENT DEATHS state MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaenuns," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," ctc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Convalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Canture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affection need not be stated unless important. Bronchopneumonia is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of (secondary), 10 ds. State cause for Never report



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PHYSICIANS should of OCCUPATION is

RECORD

2138 1 PLACE OF DEATH STATE OF MARYLAND ruduella CERTIFICATE OF DEATH Registration Dist. No Ilf death occurred in ...Ward) a hospital or institution, give Its NAME Instead of street and number. 1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED, WIDOWED. (Write the word) (Month) (Dav That I attended deceased from DATE OF BIRTH (Month (Day (Year) TAGE If LESS than and that death occurred on the date stated above, at /2. f day.....hrs. The CAUSE OF DEATH* was as follows: BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Indostry, business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE (State or country) Contributory Secondary (Duratio 10 NAME OF FATHER (Signed) 11 BIRTHPLACE ENT OF FATHER (State or country)

*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.

At place of death yrs mos ds. Where was disease contracted,	In the State	yrs	mos.	8
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If not at place of death? Former or

usual residence

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

cases, especially in industrial employments, it is necfirst line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At sehool or At home. Care Housewife, Housework, or At Home, and children, not duties of the household only (not paid Housekeepers fication as Day laborer, Farm laborer, Laborer—Coal mine, etc. Women at home, who are engaged in the "Manager," "Dealer," ctc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations who receive a definite salary), may be entered as material . worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. who have no occupation whatever, write None. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never rcturn "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopheumonia ("Pneumonia," unqualified, is indefinite): Tubereulesis of lungs, meninges, peritonaeum, etc., Carcin-

valvular heart disease; Chronie interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (name origin; "Can-LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaeetc., when a definite discase can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. cause of dcath approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably "Heart failure," "Haemorrhage," "Inanition," "Maras-"Contributory." by earbolic acid-probably suicide. The nature of the ture of the American Medical Association.) The contributory Always qualify all diseases resulting from (Recommendations on statement of (secondary or intercurrent)



N.B.

	1 PLACE OF DEATH Original	STATE OF MARYLAND
		CERTIFICATE OF DEATH
Co	untyfluederick	Registration Dist. No./35
Vil	PULL NAME Joych Smith	St.; Ward) [It death occurred to a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3s	ex 4 color or race 5 single, Married, Married, Widowed, ORDIVORCED (Write the word)	16 DATE OF DEATH General State of Death (Month) (Day (Year)
6 D	ATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
	4.	Capril 15, 1914, to Tlet & 8, 1915.
	(Month) (Day (Year)	that I last saw h Malive on 74 & 5 , 1918
7 A	1 day hre	and that death occurred on the date stated above, at
	yrs mos. or or min.?	Chroneix palachunolon
/ (2	CCUPATION) Trade, profession, or Harmonian Kind of work Tricular kind of work	mobile
B 1	rticular kind of work g arman and a community.	
bus	siness, or establishment in ich employed (or employer)	(Duration) _ 3 _ yrs _ 3 _ mos
	RTHPLACE (State or country) rear Lunity burg	Secondary Cles acric wy reardity
	10 NAME OF John Tunth	(Signed) & G. Af Char, M. D.
ENTS	11 BIRTHPLACE OF FATHER (State or country)	Het 38, 1915. (Address) Turichology
PARE	of Mother Christiana Justin	*State the DISEASE CAUSING DEATH, or, in deaths from FOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
	13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country) 13 BIRTHPLACE OF MOTHER (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the oldeath yrs, mos ds.
ы	(Informant) Ann mariah Imith	Where was disease contracted, tf not at place of death?
	(Address) Irean Amithsburg	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
15 Fil	ed Merch 1st 1915 febre W. Hooner	Reform Church Cernelly March 2 of 1915 - 26 UNDERTAKER ADDRESS
T	REGISTRAR It more blanks are needed, address State Regist	trar, 6 E. Franklin St., Batto., Requesting V. S. No. 1.
6.		

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers statement. it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially ln industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the applles to each and every person, irrespective of age. ness of various pursuits ean be known. The question tion is very important, so that the relative healthfuleated thus: of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as minc, etc. "Manager," "Dealer," etc., without more precise speci-Grocery; (a) Foreman, (b) Automobile factory. The Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, c. g., Farmer or Planter, CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer material worked on may form part of the second who have no occupation whatever, write None. (a) Spinner, Statement of occupation-Preeise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton milt; (a) Salcsman, "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the ouly definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonacum, etc., Carcin-

thenia," "Anaemia" (merely symptomatie); "Atrophy," affection need not be stated unless important. Exvalvular heurt disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic eer" is less definite; avoid use of "Tumor" for mallgoma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and eonsequenees (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgleal operation was undertaken. mia," "PUERFERAL peritonitis," etc. State eause for childbirth or misearriage as ete., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal equditions, such as "As Bronchopneumonia (secondary), 10 ds. ture of the American Medical Association.) eause of death approved by Committee on Nomenelasepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-LENT DEATHS state MEANS OF INJURY and qualify as "Coutributory." The contributory (secondary or intercurrent) Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of "PUERPERAL septichae-The nature of the Never report



1 PLACE OF DEATH

County trederick Registration Dist. No it death occurred in Ward) a hospital or Institution. give its NAME instead of street and number.] Leorge Slauch PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 16 DATE OF DEATH MARRIED. WIDOWED, Married (Month) (Write the word) (Month) (Dav (Year) TAGE If LESS than and that death occurred on the date stated above, at 1 day,hrs. The CAUSE OF DEATH * was as follows: BOCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment In which employed (or employer) BIRTHPLACE (State or country) 10 NAME OF FATHER of PARENTS OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-12 MAIDEN NAME TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS At place Where was disease contracted, La See live mportant. DATE OF BURIAL 15 ... 1918/ ADDRESS REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Baylo., Requesting V. S. No. 1.

STATE OF MARYLAND

CERTIFICATE OF DEATH



[Approved by U. S. Census and American Public Health Association.]

essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulcated thus: Farmer (retired 6 yrs.) For persons been changed or given up on account of the nisease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illmaterial worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," (b)

Statement of cause of death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

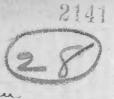
nant neoplasms); Measles; Whooping eough; Chronic affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sareoma, etc., of..... (uame origin; "Canmia," "PUERPERAL peritonitis," etc. cause. Always qualify all diseases resulting from mus," "Old Age," "Shock," "Uraemia," "Weakness," theuia," "Anacmia" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." sepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septiehaeetc., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustiou," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. Never report The contributory (secondary or intercurrent) (Recommendations on statement of State cause for



ż

PHYSICIANS should state of OCCUPATION is very Trederice PERSONAL AND STATISTICAL PARTICULARS 3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIOOWED, (Write the word) DATE OF BIRTH (Month) (Day TAGE BOCCUPATION (a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer) DEATH in plain terms, so that it man See instructions on back of certificate. 9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) PARENTS 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) 15

1 PLACE OF DEATH



(Year)

If LESS than

1 day hrs.

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

.....Ward)

Ilf death occurred in a hospital or iostitution, give Its NAME instead of streef and number.]

MEDI	CAL CERTIFICATE	OF DEATH
DATE OF DEATH	1 ob.	8 , 191. (Day (Year)
Dec. 19.		t I attended deceased from
hat I last saw h		2
and that death occur The CAUSE OF DEA		ed above, at 2,55P. n
Tulmon	oug & fang	god Intenton
	(Duration)	5 yrs. mos. d
Contributory /A	Mercala Pile	lasta.
(Signed) M. Hou	varojeo	
tel. 8 ,1915	5 (Address) Stat	e Panaloriam. A
*State the DISEA CAUSES, state (1) TAL, SUICIDAL, or E	SE CAUSING DEATH, MEANS OF INJURY; IOMICIDAL.	or, in deaths from VIOLEN and (2) whether Accines
OR HECENI HESIDER	197	LS, INSTITUTIONS, TRANSIENT
At place of death yrs		y mos d
Where was disease contract of not af place of death?		<i>N</i> ,
		er Hy Balle, ku
Ballino		DATE OF BURIAL
20 UNDERTAKER		APDRESS
M.S. Cil.		1 herrward, keel

If more blanks are needed, address State Regi

REGISTRAR



3

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons should be taken to report specifically the occupations duties of the household only (not paid Housekeepers "Manager," "Dealer," etc., without more precise specithe nature of the business or industry, and therefore an first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, ctc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal statement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the been changed or given up on account of the disease (a) Spinner, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never (b) Cotton mill; (a) Salcsman, (b) return "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avold use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

aant neoplasms); Measles; Whooping cough; Chronic mia," "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Canture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." (Recommendations on statement of sepsis, totanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For viochildbirth or miscarriage as "Puerperal septichac-"Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronehopneumonia (secondary), 10 ds. affection need not be stated unless important. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (secondary or intercurrent) State cause for Never report



of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state ? DEATH in plain terms, so that it may be properly classified. Exact statement of OGCUPATION is very See instructions on back of certificate.

-Every item of CAUSE OF I

7. B. No.

¹ PLACE OF DEATH	2142 STATE OF MARYLAND
PLACE OF DEATH	CERTIFICATE OF DEATH
County AMalenck	100
7	Registration Dist. No. 188
Village or City Stalkersville (No.	St.; Ward) [if death occurred in a hospital or institution, give lis NAME instead
PULL NAME MANY E. SI	of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Howals 2 Lute, Wiscource (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
COI - 15 - 184	1915, to 1915,
(Month) (Day) (Year)	that I last saw harmasive on Allia, 1915.
7 AGE If LESS than t day,hrs.	and that death occurred on the date stated above, at
70 yrs. 4 mos. 3 ds. ORmin.?	The CAUSE OF DEATH* was as follows:
6 OCCUPATION (a) Trade, profession, or particular kind of work	Lovar Juennoma
(b) General nature of industry, business, or establishment in which employed (or employer)	(Ouration) yrs. mos. ds.
9 BIRTHPLACE (State or country) Whausas	(Secondary)
10 NAME OF S. H. Junker	(Signed) July 1 Reusty M. D.
11 BIRTHPLACE OFFATHER (State or country) World, Convoling	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT
(State or country) Hottly Carplina Maiden Name Common Com	CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL.
of MOTHER Coliba Scull	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIEMTS,
13 BIRTHPLACE OF MOTHER (State or country) THE RESOURCE	At place in the of death yrs, mos. ds. State yrs, mos. ds.
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, If not at piace of death?
(Informant) Charles & Strong	Former or
(Address) Washington DCS	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16 Led in a Del Mitter	Washington DO, tel 20, 1915

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). CAUSING DEATH, state occupation at beginning of illof persous engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekcepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise speciit should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthfulbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. statement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," If the occupation has As examples: For persons "Foreman,"

Statement of cause of death—Name, first, the diblarable causing death—In the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Corchrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

cause of death approved by Committee on Nomencla-"Contributory." by carbolic acid-probably suicide. The nature of the such, if impossible to determine definitely. Examples: mia," "PUERPERAL peritonitis," etc. State cause for childbirth or miscarriage, as "Purereral seglichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," -Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convulsions," "Debility" ("Conaffection need not be stated unless important. ture of the American Medical Association.) sepsis, tetanus) injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. genital," "Senfle," etc.), "Dropsy," "Exhaustion," thenia," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. ample: Measles (disease causing death), 29 ds.; valvular heart disease; Ohronio interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronic mere symptoms or terminal conditions, such as "Asoma. Sarcoma. etc., of __ is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) (Recommendations on statement of may be stated under the head of (name origin; "Can-Never report For vio-



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING V. S. No. 1.

1 PLACE OF DEATH

1 10	STATE OF MARYLAND
County Frederick	CERTIFICATE OF DEATH
Country	Registration Dist. No. / S
	01 11
Village or City Flacelesech (No. Losty	Mosketal St.; 3 Ward) [If death a hospital or give its NAI
2 FULL NAME Florence &	S. Summers of street and
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 SINGLE,	18 DATE OF DEATH
MARRIED Married WIDOWED, OPPLYMENTED	(Month) (Day
Hernale White (Write the word)	17 I HEREBY CERTIFY, That I attended dece
8 DATE OF BIRTH	Feb 8th, 1915 to Fiel 17t
Ost 6 1868	10 44
(Month) (Day (Year)	that I last ssw h la slive on ftel
AGE If LESS than 1 day,hrs.	and that death occurred on the date stated above, at 10
46 yrs 4 mos, 11 ds. OR min.?	The CAUSE OF DEATH* was as follows:
BOCCUPATION	sef belalmila
(a) Trade, profession, or Laceuse Hile	Aude Muly Cyenalyse
(b) General nature of Industry,	tite to at city Augitar V
business, or establishment in	(Doration) yrs mo
which employed (or employer) BIRTHPLACE	Contributory to late in Coze of
(State or country)	Secondary Me Uffind Kenth
10 NAME OF	West (Duration) yrs (mos
FATHER On Co. Moenous	(Signed)
0 11 BIRTHPLACE	11/8/ 1914 - (Address) Day
State or country) Manyland	*State the DISEASE CAUSING DEATH or in deaths from
12 MAIDEN NAME	CAUSES, state (1) MEANS OF INJURY; and (2) whether TAL, SUICIDAL, OF HOMICIDAL.
of MOTHER Ada Webster	
13 BIRTHPLACE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TO OR RECENT RESIDENTS)
OF MOTHER (State or country) Maryland	of death yrs. mos. 14 ds. State 46 yrs. 4 mo
4 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was disease contracted, Arredesech
(Interment) Alors, Ada S. Sleencer	Former or the
A-	usual residence Mrcdereck
(Address) Bradelock Gile Mod	19 PLACE OF BURIAL OR REMOVAL DATE OF BUR
16 / / /	Meddletown Mad Fieb 20
	20 UNDERTAKER ADDRESS
Filed 9 John 1910 Chan & Mi Counder	0

STATE OF MARYLAND

[Approved by U. S. Consus and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.) For persons it should be used only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers statement. Never return "Laborer," "Forcman," "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculcsis of lungs, meninges, peritonaeum, etc., Carcin-

affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligcause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. For viomia," "Puerperal peritonitis," etc. State cause for childbirth or miscarriage as "Puerperal septichaectc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Hacmorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. oma, Sarcoma, etc., of..... (name origin; "Can-Accidental drowning; Struck by railway train-acciture of the American Medical Association.) "Contributory." by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned The contributory (secondary or intercurrent) Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of Never report

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

BUKWAU. V.S.

RECORD

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of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very	
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2144 STATE OF MARYLAND CERTIFICATE OF DEATH / 43

Registration Dist. No. 14/

S	t.	•	W	ard)	

[If death occurred in a hospital or institution,

2 FULL NAME Newry Thom	hson give its name instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED, ORDIVDRCED (Write the word)	16 DATE OF DEATH F. (Month) (Day (Year)
DATE OF BIRTH AND I MOW (Year)	17 I HEREBY CERTIFY, That I attended deceased from July 5 , 1915, to July 1916 that I last saw have alive on Full 6 , 1915
7 AGE 1 LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at # The CAUSE OF DEATH* was as follows:
a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in	Couration) yrs mos 2 ds
which employed (or employer)	Contributory Oscimia Secondary (Duration) yrs mos ds
10 NAME OF FATHER MONGO Throughout 11 BIRTHPLACE OF FATHER	(Signed) Lastiton Batio - , M. D Feb 7 , 1915 (Address) Sufferson 2014.
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER May During house	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 BIRTHPLACE OF MOTHER (State or country)	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds
4 THE ABOVE IS THUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, It not at place of death? Former or usual residence
(Address) Vin My	19 PLACE OF BURIAL OR REMOVAL PALE OF BURIAL PALE OF BURIAL 20 UNDERTANER ADDRESS
REGISTRAR	O. / Tule 403 / Successfor We

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers applies to each and every person, irrespective of ago. tion is very important, so that the relative healthful-CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked ou may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is uec-Civil engineer, Stationary freman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question who have no occupation whatever, write None. cated thus: been changed or given up on account of the disease fication as Day laborer, Farm laborer, Laborer-(a) Spinner, (b) Cotton mill; (a) Salesman, Physician, Compositor, Architect, Locomotive engineer, Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pieumonia"); Lohar pheumonia; Bronchopheumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Puerreral peritonitis," etc. State cause for mus," "Old Age," "Shock," "Uraemia," "Weakness," theuia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Meastes (disease causing death), 29 ds.; affectiou need not be stated unless important. Exvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Meastes; Whooping cough; Chronic cer" is less defiuite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... (uame origin; "Can-"Contributory." sepsis, tetanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. childbirth or miscarriage as "Puerperal septichaeetc., when a definite discase can be ascertained as the "Heart failure," "Haemorrhage," "Juanition," "Maras-"Collapse," "Coma," "Couvulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homieide; Poisoned Accidental drowning; Struck by railray train-accisuch, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as The contributory (secondary or intercurrent) Always qualify all diseases resulting from "Senile," etc.), (Recommendations on statement of "Dropsy," "Exhaustion," For vio-



STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No Ilt death occurred in St: Ward) a hospital or institution. give Its NAME Instead of street and number.1 PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 16 DATE OF DEATH MARRIEO, Marrier (Month) (Day OROIVORCEO (Year) I HEREBY CERTIFY. That I attended deceased from (Dav (Year) If LESS than 1 dayhrs. (Duration) vrs. // mos ds. which employed (or employer) Contributory Secondary (Duration) (Signed) Templous

*State the DISEASE CAUSING DEATH, of, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL.

At place of death yrs mos	ds.	in the State	yrs.	mos
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18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,

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Former or usual residence.

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DATE OF BURIAL

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If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

REGISTRAR

3 SEX DATE OF BIRTH TAGE properly 8 OCCUPATION (a) Trade, protession, or particular kind of work pe (b) General nature of industry, business, or establishment in may certificate. 9 BIRTHPLACE (State or country) Jo back ARENT

10 NAME OF FATHER

11 BIRTHPLACE

OF FATHER (State or country)

12 MAIDEN NAME

OF MOTHER

13 BIRTHPLACE OF MOTHER (State or country)

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1 PLACE OF DEATH

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(Month)

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[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. CAUSING DEATH, state occupation at beginning of illbeen chauged or given up on account of the disease Servant, Cook, Housemuid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-"Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Never return "Laborer," Farmer (retired 6 yrs.) For persous As examples: "Foreman,"

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Very CERTIFICATE OF DEATH PHYSICIANS should of OCCUPATION IS Registration Dist. No. If death occurred is -Ward) a hospital or Institution, RECORD give its NAME instead ot street and nomber.] statement PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH PERMANENT 16 DATE OF DEATH 4 COLOR OR RACE MARRIED. WIDOWED Masseed (Month) ORDIVORCEO (Write the word) Exact I HEREBY CERTIFY, That I attended deceased from 17 DATE OF BIRTH classified. (Month) (Day (Year) TAGE It LESS than and that death occurred on the date stated above, a P 1 day,....hrs OR 7 properly AGE 6 OCCUPATION (a) Trade, profession, or supplied be (b) General nature of Industry. UNFADING business, or establishment in may which employed (or employer) certificate. 9 BIRTHPLACE (State or country) Contributory Secondary 10 NAME OF FATHER 80 jo WITH back ARENTS 11 BIRTHPLACE terms, , 191 (Address) OF FATHER (State or country) *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SULCIDAL, OF HOMICIDAL. 12 MAIDEN NAME plain Instructions OF MOTHER Information 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) _ 13 BIRTHPLACE At place to the OF MOTHER (State or country) of death _____ yrs. ____ State ____ yrs. DEATH Where was disease contracted. It not at place of death? 0 Former or OF usual residence mportant. Every It RATE OF BURIAL 16 20 UNBERTAKER ADDRESS 80 REGISTRAR

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

1 PLACE OF DEATH

STATE OF MARYLAND

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[Approved by U. S. Census and American Public Health Association.]

Servant, Cook, Housemaid, etc. If the occupation has Housewife, Housework, or At Home, and children, not fication as Day laborer, Farm laborer, Laborer-Coal additional line is provided for the latter statement; who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. Civil engineer, Stationary fireman, etc. But in many first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," "Foreman, Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, As examples: (4)

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eere-brospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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STATE OF MARYLAND 1 PLACE OF DEATH CERTIFICATE OF DEATH Registration Dist. No. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3 SEX 4 COLOR OR RACE 5 SINGLE. 16 DATE OF DEATH MARRIED. WIDOWED. ORDIVORCED (Write the word) (Month) I HEREBY CERTIFY. That I attended deceased from (Month) (Day (Year) 7 AGE If LESS than and that death occurred on the date stated above, at 1 dayhrs. The CAUSE OF DEATH * 8 OCCUPATION (a) Trada, protession, or particular kind of work. (b) General nature of Industry. business, or establishment in (Duration) which employed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country) 10 NAME OF FATHER PARENTS 11 BIRTHPLACE OF FATHER (State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL, 12 MAIDEN NAME OF MOTHER 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS. OR RECENT RESIDENTS) 13 BIRTHPLACE At place OF MOTHER (State or country of death yrs. mos. ds. State _____ yrs, ____ mos. ____ ds 14 THE ABOVE IS Where was disease contracted.

> 20 UNDERTAKER REGISTRAR

If not at placa ot death?

Former or

usual residence

Ilt death occurred in a hospital or Institution,

(Year)

give Its NAME Instead of street and number.]

(Day

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No.

[Approved by U. S. Census and American Public Health Association.]

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Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

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N. B.—Every item of information should be oarefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

PLACE OF DEATH Gounty True and	2148 STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Brunswick No.	Registered No. St.; Ward) [If death occurred to a hospital or institution, give its NAME lostead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female White Single, Married Wipower, Wipower, (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY That I attended deceased from
May (Month) (Day) (Year)	that I last saw h a alive on The Lat 1915
7 AGE 3 Syrs. 8 mos. 15 ds. or min.?	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. Accuse (b) General nature of lodustry, business, or establishment in which employed (or employer) **BIRTHPLACE** (State or country)	(Duration) 2 yrs. + mos. ds. Contributory (Secondary)
10 NAME OF Nathan Statler 10 NAME OF Nathan Statler	(Signed) (Deration) yrs mos ds. (Signed) P P P P P P P P P P P P P P P P P P P
OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER MANY N Bishop 13 BIRTHPLACE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	At place of death yrs, mos ds. State yrs, mos ds. Where was disease contracted, if not at place of death? Former or
(Address) Brunswick Ind	19 PLACE OF BURIAL OR REMOVAL Derkeley Springs Address 20 UNDERTAKER ADDRESS
REGISTRAR	ur, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

43

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons applies to each and every person, irrespective of age CAUSING DEATH, state occupation at beginning of illof persons engaged in domestic service for wages, as should be taken to report specifically the occupations duties of the household only (not paid Housekcepers mine, etc. fication, as Day laborer, Farm laborer, Laborerstatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never rcturn "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the DINKASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculossis of lungs, meninges, peritonaeum, etc., Carcin-

childbirth or miscarriage, as "Purrenal septichaeetc., when a definite disease can be ascertained as the ample: Measles (disease causing death), 29 ds.; injury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Polsoned such, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF AS probably LENT DEATHS state MEANS OF INJUSY and qualify as which surgical operation was undertaken. mia," "PUERPERAL peritonitis," mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronio cer" is less definite; avoid use of "Tumor" for mallgture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-"Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse." "Coma," "Convuisions," "Debility" ("Conoma, Sarcoma, etc., of . The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from "Senile," etc.), "Dropsy," "Exhaustion," (Recommendations on statement of etc. State cause for (name origin; "Can-Examples: For VIO-



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD MARGIN RESERVED FOR BINDING

Co	unty Frederich 9	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 15
Vill	PULL NAME MORRIS Priss	St.; Ward) [It death occurred in a hospital or institution, give its NAME instead of street and nomber.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
351	Nale While Single, Married, Single, Wisowed, Ornfunt	16 DATE OF DEATH Que (Month) (Day (Year)
6 D	Jan 14, 1915	17 I HEREBY CERTIFY, That I attended deceased from 191, 191, 191
7 A		and that death occurred on the date stated above, at 8 Å m The CAUSE OF DEATH* was as follows:
pa (b) bus whi	CCUPATION) Trade, profession, er rticular kind of work	Physician fast time of death from white mother sind lating my they died of Pneumona (Duration) yrs mos. 2 ds
8	10 NAME OF Slowarf Hardman 11 BIRTHPLACE	Contributory Secondary (Signed) Brok J. (Buratha) yrs mos. 2 .ds (Signed) Brok J. (Address) Consults forg
PARENT	13 BIRTHPLACE	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OF RECENT RESIDENTS) At place In the
	OF MOTHER (State or country) The Modern of the Above is true to the Best of My knowledge (Informant) Collins of Helsel	of deathyrsmosds. Stateyrsmosds Where was disease contracted, It not at place of death? Former or usual residence
16 Fil	ed Fel 12, 1915 Mo Frank	19 PLACE OF BURIAL OR REMOVAL FILE. AS Greek value Fre 12 4, 1915 20 UNDERTAKER Shall Emiles
	If more blanks are needed, address State Regist	trar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

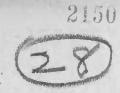
cated thus: Farmer (retired 6 yrs.) For persons gainfully employed, as At school or At home. Care the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the disease Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Groccry; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement; essary to know (a) the kind of work and also (b) Civil engineer, Stationary fireman, etc. But in many For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of occupation-Precise statement of oeeupa-If retired from business, that fact may be indi-Never return "Laborer," As examples: "Foreman," The (4)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligmia," "PUEBPEBAL peritonitis," etc. mus," "Old Age," "Shoek," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatie), "Atrophy," oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: LENT DEATHS State MEANS OF INJURY and qualify as childbirth or misearriage as "Puerperal septichaeete., when a definite disease can be ascertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," "Collapse," "Coma," "Convulsions," "Debility" ("Conmere symptoms or terminal conditions, such as "Asture of the American Medical Association.) eause of death approved by Committee on Nomencla-"Contributory." scpsis, totanus) may be stated under the head of by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. For vio-Bronchopmeumonia (secondary), 10 ds. Never report affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, The contributory Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.; (Recommendations on statement of (seeondary or intercurrent) State cause for Ex-



	1 PL	ACE	OF I	DEAT	гн
County				4 77	



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No.

St.;....Ward)

Ilf death occurred in a hospital or institution, give its NAME Instead of street and number.]

Seguest V. W inkles

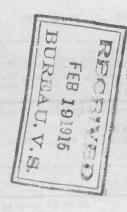
FULL NAME	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Married, Wiooweo, Orbivoceto (Write the word)	16 DATE OF DEATH Taby (Month) (Day (Year) 17 I HEREBY CERTIFY, That I attended deceased from
June 25, 1895	that I last saw hairs alive on Feb. 2 1915
7 AGE (Month) (Day (Year) 1 If LESS than 1 day,hrs. 0R min.?	and that death occurred on the date stated above, at 3.21.1 m, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of industry, profession	Pulmonsey Sayngest Internations and Tubercular Estlents
business, or establishment in which employed (or employer)	Contributory Exhaustian Secondary
10 NAME OF FATHER LEONARD Winfeles fr.	(Signed) W. Howard years M. D. + of 3, 1915 (Address) State Oarslower, my
OFFATHER (State or country) Wayland, 12 MAIDEN NAME OF MOTHER Ella Parks	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Acciden-
13 BIRTHPLACE OF MOTHER (State or country) Manyland.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place of death yrs mos gs. State yrs mos gs
(Informant) . A. Houdres,	Where was disease contracted, undersourd. If not at place of death? Former or usual residence / 921 Penns are, Bolto, Mod.
(Address) Stole Annalousin, Mid.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Heb. 18 1915: 6- A Steven	20 UNDERTAKER ADDRESS M. S. Crloady Thurwant My
If more blanks are needed, address State Regis	

[Approved by U. S. Census and American Public Health Association.]

first line will be sufficient, e. g., Farmer or Planter, cated thus: Farmer (retired 6 yrs.) For persons Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. Grocery; (a) Foreman, (b) Automobile factory. it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, For many occupations a single word or term on the applies to each aud every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfuiwho have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as material worked on may form part of the second (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples: "Foreman,"

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nant neoplasms); Meastes; Whooping cough; Chronic etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," theuia," "Anaemla" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffectiou need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of..... sepsis, tetanus) may be stated under the head of which surgical operation was undertaken. For viomia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaegenital," "Senile," etc.), "Dropsy," "Exhaustion," ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICINAL, OF HOMICINAL, OF AS probably LENT DEATHS state MEANS OF INJURY and qualify as "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. The contributory Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; . (Recommendations on statement of (secondary or intercurrent) (name origin; "Can-State cause for Never report



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PLACE OF DEATH	STATE OF MARYLAND
County Frede 4c CO	CERTIFICATE OF DEATH
Village or City Burner Chas Olm It	The yeard St. J. Ward) [it death occurred in a hospital or institution, give its MAME lostead at afreet and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Page 4 COLOR OR RACE S BINGLE, MARRIED, WIBOWED, ORDIVORCED (Write the word) 6 DATE OF BIRTH 12,1913	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from 22, 1915 to Jeh (that I last saw h Ann. alive on Jeh 1915
(Month) (Day) (Year) 7 AGE It LESS than 1 day,	and that death occurred on the date stated above, it. 5 m, The CAUSE OF DEATH* was as follows:
© OCCUPATION (a) Trade, prefession, er particular kind of work. (b) Beneral nature of industry, business, or establishment in which amployed (or employer) PBIRTHPLACE (State or country)	Callac (Duration) yrs. mos 15 ds. Gontributory (Secondary)
10 NAME OF FATHER D QUOUNDS 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER TO MAKE TO MOTHER	(Signed)
OF MOTHER Leda M Peters 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) Mrs D A Words	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, or RECENT RESIDENTS) Af place In the of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, If not at place of death? Former or usual residence.
(Address) Brunswick MS 15 Filed 746 / 2, 19105 Crin Ness REGISTRAR	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL REMOVALLY DATE OF BURIAL 20 UNDERTAKER ADDRESS OFFITTE FOR Brunswick Mel
If more blanks are needed, address State Registrs	ar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

2151

[Approved by U. 8. Census and American Public Health Association.]

tion is very important, so that the relative healthfuldutles of the household only (not pald Housekcepers cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and colldren, not who receive a definite salary), may be entered as mine, etc. fication, as Day laborer, Farm laborer, Laborer "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. (a) Spinner, (b) Cotton mill; (a) Salesman, it should be used only when needed. additional line is provided for the latter statement the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question Statement of occupation-Precise statement of occupachanged or given up on account of the pisease If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," As examples "Foreman,"

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If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is expected and must be obtained before the certificate is perman.

MAR 5 1915
BUREAU, V.S.

UNFADING INK-THIS

WRITE PLAINLY, WITH

tated EXACTLY. PHYSICIANS should state Exact statement of OCCUPATION is very RECORD

properly classified.

DEATH in plain terms, so See instructions on back of

N. B.—Every Item CAUSE OF Important.

AGE

A PERMANENT stated EXACTLY.

/	PLACE OF DEATH	2152 STATE OF MARYLAND
60	unty tredericks 1/2	CERTIFICATE OF DEATH
100		Registration Dist. No. /32
	12 11 1.	
Viii	1age or City Praddock (No. ,	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 31	EX COLOR OR RACE SINGLE, MARRIED, Course	16 DATE OF DEATH Y. O.
1.7	WIDOWED,	(Month) (Day (Year)
776	enal Mula (Write the word)	17. I HEREBY CERTIFY, That I attended deceased from
6 D/	ATE OF BIRTH	Tax 20, 1916, to Les 6, 1915.
	11 /3 , 15.38	that I last saw her alive on Leb 5" 1915
TAC	(Month) (Day (Year)	
-	-y / t day hee	and that death occurred on the date stated above, at 103/4m,
	yrs Z mos. ds. OR min.?	The CAUSE OF DEATH* was as follows:
	CCUPATION D L	cerebral humorhage
	Trade, profession, or Returned Seamstre	
	General nature of Industry,	
	lness, or establishment in chemployer)	(Ouration) yrs. mos. 17 ds.
9 81	RTHPLACE (State or country)	Contributory Y grally gra
	(State of country) fary and.	
	10 NAME OF 1/2	
	Hoshipa fruit.	(Signed)
ITS	of Father (State or country) Ward Saled,	Auto 7, 1915. (Address) middletown had
ARENTS	10-10	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL OF MONTHS OF THE STATE OF
AR	12 MAIDEN NAME 711 / 1 / 1	TAL, SUICIDAL, OF HOMICIDAL.
0	13 marie	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS.
	13 BIRTHPLACE OF MOTHER (State or country)	At place in the of death yrs mos ds. State yrs mos ds
14 -	HE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	of death yrs mos ds. State yrs mos ds Where was disease contracted,
100	Hornord it do	if not at place of death?
((Informant), Volvard Arund'	Former or usual residence.
	(Address) Leoler well at Md.	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
16		Middletown mo 2/8 1915
Elle	antelo & 1914 - Will Lauras	20 UNDERTAKER ADDRESS
1310	REGISTRAR	The Hiteller Middle touch

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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